

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90109 002 ***150.00

DOCUMENT # V10627

1. Entity Name

FERGUSON TRANSPORTATION GROUP, INC.



Principal Place of Business

226 NE 14TH ST
OCALA FL 34470
US

Mailing Address

226 NE 14TH ST
OCALA FL 34470
US



2. Principal Place of Business

226 NE 14TH

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4861

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Ocala, FL

City & State

Ocala, Florida

4. FEI Number

59-3106912

Applied For

Not Applicable

Zip

34470

Country

US

Zip

34470-4861

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, HOWARD
217 NW 14 STR.
OCALA FL 34470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME FERGUSON, HOWARD P
STREET ADDRESS 1529-F N.E. 39TH AVE
CITY-ST-ZIP Ocala FL 34470

TITLE M ☐ Delete
NAME FERGUSON, HOWARD P
STREET ADDRESS 1529-F N.E. 39TH AVE
CITY-ST-ZIP Ocala FL 34470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Howard P. Ferguson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

352-438-4726

Daytime Phone #