


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2005 8:00 am
Secretary of State


08-02-2005 90029 028 ***150.00

DOCUMENT # V63357 1. Entity Name NETWORK TRANSPORTATION INC.	
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Principal Place of Business 1722 ST. JOHNS BLUFF ROAD JACKSONVILLE, FL 32246 US	Mailing Address 13018 MT. PLEASANT ROAD JACKSONVILLE, FL 32225 US
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DO NOT WRITE IN THIS SPACE

50059073



07282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3137009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUNDY, THOMAS 13018 MOUNT PLEASANT ROAD JACKSONVILLE, FL 32225	DO NOT WRITE IN THIS SPACE
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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.

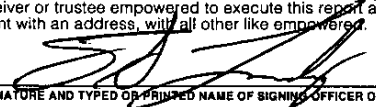
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LUNDY, THOMAS 13018 MOUNT PLEASANT RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LUNDY, ROBERTA MARIE 13018 MOUNT PLEASANT RD JACKSONVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **THOMAS LUNDY** 07-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
904-642-6011