

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002327

FILED
Feb 25, 2005
Secretary of State

Entity Name: V.P. TRANSPORTATION CO., INC.

Current Principal Place of Business:

542 NORTH 13TH STREET
TERRE HAUTE, IN 47807

New Principal Place of Business:

Current Mailing Address:

542 NORTH 13TH STREET
TERRE HAUTE, IN 47807

New Mailing Address:

FEI Number: 35-1846467 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KLEIN, MARK
3955 NORTH ANDREW AVE
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MORRISON, FRED
Address: 27 SAN ISIDRO
City-St-Zip: SAN ANTONIO, TX 78261

Title: VT () Delete
Name: BURNS, ANDREW S
Address: 1971 DEERTRAIL
City-St-Zip: FLORESVILLE, TX

Title: AS () Delete
Name: KOEN, REBEECA S
Address: 2093 FLORESVILLE TX
City-St-Zip: FLORESVILLE, TX 78114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: BURNS, ANDREW S
Address: 920 FLEMING
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA S. KOEN

ASST

02/25/2005

Electronic Signature of Signing Officer or Director

_____ Date