

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000037182



Entity Name
 70 TRANSPORT, INC.

Principal Place of Business
 7738 OTT WILLIAMS ROAD
 CLERMONT, FL 34714

Mailing Address
 7738 OTT WILLIAMS ROAD
 CLERMONT, FL 34714



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **55-0859060** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JORDAN, EDWARD P II
 24 N. HIGHWAY 27
 INNEOLA, FL 34715

DO NOT WRITE IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

1-18-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000398326
 01/30/06-80090-015 150.00

OFFICERS AND DIRECTORS

D
 WALKER, DANIEL G
 7738 OTT WILLIAMS ROAD
 CLERMONT, FL 34714

D
 WALKER, PAULA R
 7738 OTT WILLIAMS ROAD
 CLERMONT, FL 34714

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Paula R Walker*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06
 Date

352-394-1517
 Daytime Phone #