

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90019 004 ***150.00

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1. Entity Name

B M L TRUCKING INCORPORATED



Principal Place of Business

2125 4TH ST. EAST
BRADENTON FL 34208

Mailing Address

2125 4TH ST. EAST
BRADENTON FL 34208

04066447



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

85-0411722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON FINANCIAL SVCS INC
239 US 301 BLVD. E
SUITE F
BRADENTON FL 34208**

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, 2004 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 PDTR ☐ Delete
NAME WEST, EDITH N.,
STREET ADDRESS 2125 4TH ST EAST
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ Delete
NAME WEST, BRUCE F
STREET ADDRESS 510 W MARLAND BLVD
CITY-ST-ZIP HOBBS NM 88240

TITLE D ☐ Delete
NAME WEST, MARTIN K
STREET ADDRESS 106 WAVE G.
CITY-ST-ZIP LOVINGTON NM

TITLE D ☐ Delete
NAME WEST, DON,
STREET ADDRESS 2125 4TH ST. EAST
CITY-ST-ZIP BRADENTON FL

TITLE DS ☐ Delete
NAME WEST, LARRY D
STREET ADDRESS 237 SHEXWOOD DR.
CITY-ST-ZIP BRADENTON FL 34210

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
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CITY-ST-ZIP

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: *Edith N. West, President* **EDITH N. WEST**

3-22-04

941-749-1261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #