## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 13, 2007 8:00 am Secretary of State DOCUMENT # P05000129387 1. Entity Name 04-13-2007 90167 003 \*\*\*150.00 LONNIE'S TRANSPORT, INC. Principal Place of Business Mailing Address 3034 BRIAR ST ZEPHRYHILLS FL 33543 3034 BRIAR ST ZEPHRYHILLS FL 33543 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 20-3497604 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHELTON, LAVERN Street Address (P.O. Box Number is Not Acceptable) 3034 BRIAR ST ZEPHYRHILLS FL 33543 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 r applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE'IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. VICE President Change 11111 Addition 1000 ☐ Delete Shelton, Lavern SHELTON, LAVERN NAME NAM 3034 Briar St 3034 BRIAR ST STREET ADDRESS STREET ADDRESS Zephyrhius, E 33543 ZEPHYRHILLS FL 33543 CHY S1-7IP CITY ST ZIP President X Change Addition 11111 ☐ Delete HIII shellon, Teresa SHELTON, TERESA NAMI NAME 30st Briar St. 3034 BRIAR ST STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33543 Zephyrhills, Fr 33543 CHY SEZIP CHY ST-7IP Delete HILL Change Addition HILLE NAMI NAMI STRLET ADDRESS STRLET ADDRESS CITY ST ZIP CHY ST 782 □ Change Addition THUE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CHY SL ZIP Delete □ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY St ZIP Delete Change Addition NAMI STREET ADDRESS STREET ADDRESS CHY SE ZIP CITY-SI-ZIP 12. I horeby 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR