## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 16, 2006 8:00 am Secretary of State

DOCUMENT # 312238  1. Entity Name D & K TRANSPORT, INC.						03-16-2006 9	90235 034 ***15	0.00
Principal Place	e of Business	Mailing Address	I			գրութ	3	
15515 US 301		P.O. BOX 189			. <del></del> .			
DADE CITY, FL 33523-2410 US		DADE CITY, FL 33526-0189 US		. ,	•			
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2 Principal P	lace of Business	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132006	Chg-P	CR2E034 (11/05)		
City & Croto		0.000			·			
City & State		City & State Dade City, FL		4. FEI Number 59-1202		<del></del>	pplied For ot Applicable	
Zip Country		Zip Coun		try	\$9.75 Additional			
2.10	,	33526-2275	•	,	5. Certificate of	f Status Desired	Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	egistered Agent	
				Name				
WALLER, CHARLES D. 37927 LIVE OAK AVE			Street Address (P.O. Box Number is Not Acceptable) 38038 Meridian Avenue					
DADE CITY, FL 33525				38038 Meridian Avenue				
			City		•	FL Zip Coo	de	
8. The above	named entity submits this statement for	r the purpose of changing its re	egistere	ed office or register	ed agent, or both	, in the State of Flo	rida. I am familiar with	, and accept
the obligat	ions of registered agent.				-			
SIGNATURE_								
SIGNATORES	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	d Agent signature required	when reinstating)		DATE	-
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaig  Trust Fund Contril			.00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
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2. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes: 1 former 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 calk; 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: Bill M Surratt, Jr. 3/14/2006 352 567-5161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

Date

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