

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90022 016 ***150.00

DOCUMENT # 312238

1. Entity Name
D & K TRANSPORT, INC.



Principal Place of Business
**15515 US 301
DADE CITY, FL 33523-2410 US**

Mailing Address
**P.O. BOX 2275
DADE CITY, FL 33526-2275 US**

DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1202794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLER, CHARLES D.
38038 MERIDIAN AVE
DADE CITY, FL 33525**

**DO NOT WRITE
IN THIS SPACE**

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 *Bill M. Surratt*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

4-30-08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SURRATT, BILL M JR
STREET ADDRESS	15515 US 301
CITY-ST-ZIP	DADE CITY, FL
TITLE	ASD
NAME	SURRATT, ANITA GAIL
STREET ADDRESS	15515 US 301
CITY-ST-ZIP	DADE CITY, FL 335232410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #