

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # 679588

1. Entity Name
INTRASTATE CARRIERS, INC.



Principal Place of Business
**2015 SILVER STAR RD.
ORLANDO, FL 32804 US**

Mailing Address
**1314 W. NEW HAMPSHIRE STREET
ORLANDO, FL 32804 US**



07142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2994405

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FEIGHT, GARY
1314 W. NEW HAMPSHIRE ST.
ORLANDO, FL 32804**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	FEIGHT, LINDA
STREET ADDRESS	1314 W NEW HAMPSHIRE ST
CITY- ST- ZIP	ORLANDO, FL
TITLE	VS
NAME	FEIGHT, LINDA
STREET ADDRESS	1314 W. NEW HAMPSHIRE ST.
CITY- ST- ZIP	ORLANDO, FL
TITLE	P
NAME	FEIGHT, GARY
STREET ADDRESS	1314 W NEW HAMPSHIRE STREET
CITY- ST- ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000166519
07/15/04-80012-002 550.00

**DO NOT WRITE
IN THIS SPACE**

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: Linda J Feight Vice President 7/14/2004 407 291-6356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #