

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90093 001 \*\*\*150.00

**DOCUMENT # F00000004622**

1. Entity Name

HI-RIDGE TRANSPORT, INC.



Principal Place of Business

4705 SWEETWATER ROAD  
HIGHLAND HOME AL 36041

Mailing Address

PO BOX 70  
HIGHLAND HOME AL 36041

2. Principal Place of Business

4805 Sweetwater Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 70

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Highland Home AL

Zip

36041

Country

USA

City & State

Highland Home AL

Zip

36041

Country

USA

4. FEI Number

63-1160749

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALTERMAN, ROY  
2115 PALM BAY RD NE  
PALM BAY FL 32905

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 PC ☐ Delete  
NAME MCCULLOUGH, K. RAY  
STREET ADDRESS 4705 SWEETWATER ROAD  
CITY-ST-ZIP HIGHLAND HOME AL 36041

TITLE VCVS ☐ Delete  
NAME MCCULLOUGH, PAULA G  
STREET ADDRESS 4705 SWEETWATER ROAD  
CITY-ST-ZIP HIGHLAND HOME AL 36041

TITLE D ☒ Delete  
NAME MOSELEY, TERESA L  
STREET ADDRESS 1285 PUSLEY RIDGE ROAD  
CITY-ST-ZIP HIGHLAND HOME AL 36041

TITLE D ☒ Delete  
NAME DUNCAN, ALLEN R  
STREET ADDRESS PO BOX 51  
CITY-ST-ZIP LAPINE AL 36047

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-04 334 537-9615