

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000004078

1. Entity Name
R & L TRANSPORTING, INC.



Principal Place of Business
**4283 SE 137 LANE
SUMMERFIELD, FL 34491**

Mailing Address
**4283 SE 137 LANE
SUMMERFIELD, FL 34491**



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3348591

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOUICIE, RANDY
4283 SE 137 LANE
SUMMERFIELD, FL 34491**

**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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CP
SOUICIE, RANDY
4283 SE 137 LANE
SUMMERFIELD, FL 34491**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VVST
VOISINE, LISA
4283 SE 137 LANE
SUMMERFIELD, FL 34491**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
SOUICIE, EDWIN
164 SMOKERISE ROAD
BASKING, NJ 07920**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
SOUICIE, RODERICK
23 TENNYSON ROAD
S. MEDIDEN, CT 06451**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000349744
05/02/05-80078-007 150.00

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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)(l), 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: Lisa Voisine / Lisa Voisine 4-28-05 352-307-3378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #