

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000004461

1. Entity Name

Continental Transport F/K/A
Inventory Handlers, Inc.



Principal Place of Business

400 VICTORY DRIVE
SPRING BORO, OH 45066

Mailing Address

PO BOX 65
SPRINGBORO, OH 45066

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO Box 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Springboro OH

Zip

Country

Zip

Country

45066

04282008

Chg-P

CR2E034 (12/06)

4. FEI Number

31-1357894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNER, JEFFREY
3701 FAU BLVD., SUITE 300
BOCA RATON, FL 33431

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, 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 D
NAME KANTOR, DAVID A ☐ Delete
STREET ADDRESS 3701 FAU BLVD., SUITE 300
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE PD
NAME MESSER, STEVEN L ☐ Delete
STREET ADDRESS 400 VICTORY DRIVE
CITY-ST-ZIP SPRING BORO, OH 45066

TITLE DV
NAME MURNEN, PATRICK J ☐ Delete
STREET ADDRESS 400 VICTORY DRIVE
CITY-ST-ZIP SPRING BORO, OH 45066

TITLE ST
NAME MATTIS, KEVIN J ☐ Delete
STREET ADDRESS 400 VICTORY DRIVE
CITY-ST-ZIP SPRING BORO, OH 45066

TITLE AS
NAME CLOUD, JOHN M ☐ Delete
STREET ADDRESS 400 VICTORY DRIVE
CITY-ST-ZIP SPRING BORO, OH 45066

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 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 #

FILED
08 JUN 12 AM 11:18
CLERK OF STATE
TALLAHASSEE, FLORIDA



5/26/12

000131390760
06/17/08--01010--014 **150.00

4/28/08