

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90032 015 ***158.75

DOCUMENT # F04000000353

1. Entity Name
BENNETT MOTOR EXPRESS, INC.



Principal Place of Business
**1001 INDUSTRIAL PKWY.
MCDONOUGH, GA 30253**

Mailing Address
**1001 INDUSTRIAL PKWY.
MCDONOUGH, GA 30253**

J0003214



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1614971

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOSS, MARVIN I
20801 BISCAYNE BLVD. STE. 506
NORTH MIAMI BEACH, FL 33180-1430**

**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.

N / A

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOWRY, DAVID
STREET ADDRESS	1001 INDUSTRIAL PKWY.
CITY-ST-ZIP	MCDONOUGH, GA 30253
TITLE	VP
NAME	LEN JOHNSON
STREET ADDRESS	1001 INDUSTRIAL PKWY.
CITY-ST-ZIP	MCDONOUGH, GA 30253
TITLE	S
NAME	FOSTER, REGINA
STREET ADDRESS	1001 INDUSTRIAL PKWY.
CITY-ST-ZIP	MCDONOUGH, GA 30253
TITLE	T
NAME	AULETTA, FRED
STREET ADDRESS	1001 INDUSTRIAL PKWY.
CITY-ST-ZIP	MCDONOUGH, GA 30253
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 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:

David Lowry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID LOWRY

7-8-05

Date

800-866-5500 X 751

Daytime Phone #