

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90025 030 \*\*\*150.00

**DOCUMENT # F93000001984**

1. Entity Name  
U.S. BULK TRANSPORT, INC.



Principal Place of Business  
224 SOUTH MAIN STREET  
GROVELAND, FL 34736

Mailing Address  
205 PENNBRIAR DR  
ERIE, PA 16509

**40100271**



07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
25-1663311

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SANDS, BETTY SUE  
224 SOUTH MAIN STREET  
GROVELAND, FL 34736

**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

*Betty Sue Sands*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*7/11/2006*

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2006**

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	GOODELLE, GARY
STREET ADDRESS	205 PENNBRIAR DR
CITY-ST-ZIP	ERIE, PA 16509
TITLE	VP
NAME	FIALKOWSKI, JEFFREY
STREET ADDRESS	205 PENNBRIAR DR
CITY-ST-ZIP	ERIE, PA 16509
TITLE	T
NAME	UHRMACHER, JAMES
STREET ADDRESS	205 PENNBRIAR DRIVE
CITY-ST-ZIP	ERIE, PA 16509
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 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:

*James Urmacher* Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/12/06*

Date

*814-824-9949*

Daytime Phone #