

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # J16255 1. Entity Name B & D TRANSPORTATION SERVICES, INC.	
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Principal Place of Business 16020 CHAMBERLIN PARKWAY, S.E. FT MYERS, FL 33913	Mailing Address 16020 CHAMBERLIN PARKWAY, S.E. FT MYERS, FL 33913
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2680881	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEE, PAUL J.
16020 CHAMBERLIN PKWY., SE
FT. MYERS, FL 33913**

**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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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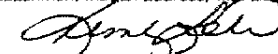
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LEHR, KIMBERLY 16020 CHAMBERLIN PKWY FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEE, PAUL 16020 CHAMBERLIN PKWY FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST LEE, BRENT 16020 CHAMBERLIN PKWY FORT MYERS, FL 33913
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02/02/04-80113-004 158.75
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02/02/04-80113-004 158.75

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:  **Kimberly Lehr VPD** **1-27-04** **239 337 5100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #