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.

Principal Place of Business	Mailing Address
16020 CHAMBERLIN PARKWAY, S.E. FT MYERS, FL 33913	16020 CHAMBERLIN PARKWAY, S.E. FT MYERS, FL 33913

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

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

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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 #