


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90067 022 ***150.00

DOCUMENT # K27070

1. Entity Name
H. K. TRANSPORT, INC.



Principal Place of Business Mailing Address

% HARRO KOEDAM **% HARRO KOEDAM**
1420 FERNLEA DR **1420 FERNLEA DR**
W. PALM BCH FL 33417-2527 **W. PALM BCH FL 33417-2527**

2. Principal Place of Business 3. Mailing Address

143 GALIANO ST. **143 GALIANO ST.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

ROYAL PALM BCH., FL. **ROYAL PALM BCH., FL.**

Zip Country Zip Country

33411 **PALM BCH.** **33411** **PALM BCH.**

4. FEI Number Applied For

65-0066633 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

KOEDAM, HARRO
1420 FERNLEA DR
W. PALM BCH FL 33417

7. Name and Address of New Registered Agent

Name: **SAME**

Street Address (P.O. Box Number is Not Acceptable): **143 GALIANO ST.**

City: **ROYAL PALM BCH., FL** Zip Code: **33411**

B. 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: *H. Koedam* (**CHANGE OF ADDRESS ONLY**) DATE: **4/17/04**

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> Delete
NAME	KOEDAM, HARRO	
STREET ADDRESS	1420 FERNLEA DR	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOEDAM, BERNICE	
STREET ADDRESS	1420 FERNLEA DR	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *H. Koedam* DATE: **4/17/04** DAYTIME PHONE #: **561/422-9186**

Signature and typed or printed name of signing officer or director