

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # M67620 1. Entity Name ROUNTREE TRANSPORT & RIGGING, INC.	
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Principal Place of Business 2640 N. LANE AVE. JACKSONVILLE, FL 32254 US	Mailing Address 2640 N. LANE AVE. JACKSONVILLE, FL 32254 US
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01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0029736	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUNCK, THOMAS D 2640 NORTH LANE AVENUE JACKSONVILLE, FL 32254	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000595632 01/23/07-80046-023 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUNTREE, A. L. 2640 NORTH LANE AVENUE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROUNTREE, JAMES J. 2640 N. LANE AVE. JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD RUNCK, THOMAS D., JR. 2640 N. LANE AVE. JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUNTREE, ALICE JANE 2640 NORTH LANE AVE JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUNCK, MARILYN M. 2640 N. LANE AVE. JACKSONVILLE, FL 32254
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_____ Date _____ Daytime Phone #