# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P00000000392**

1. Entity Name
**QUACK TRANSPORT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1610 DUNDEE RD. | 1610 DUNDEE RD. |
| WINTER HAVEN, FL 33884 | WINTER HAVEN, FL 33884 |

## DO NOT WRITE IN THIS SPACE

01082004  No Chg-P  CR2E034 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 65-0974363 | Not Applicable |

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

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

REILLY, FRED ESQ
95 S. 10TH ST.
HAINES CITY, FL 33844

## 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** <br> **After May 1, 2004 Fee will be $550.00** | 9. Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | U000000055886 <br> 02/18/04-80022-011  150.00 |
|---|---|---|---|

**10.                    OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | D |
| NAME | QUACKENBUSH, DANA |
| STREET ADDRESS | 1610 DUNDEE RD. |
| CITY-ST-ZIP | WINTER HAVEN, FL 33884 |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| 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 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:** _[signature]_  DANA QUACKENBUSH  1-8-04  863-293-0046
PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #