

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90191 041 ***150.00

DOCUMENT # P00000027928

1. Entity Name
H & P TRANSPORT & LEASING INC.



Principal Place of Business

**5190 VACARO AVE
COCOA, FL 32926**

Mailing Address

**5190 VACARO AVE
COCOA, FL 32926**

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3640080

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POWERS, JENNIFER
5190 VACARO AVE
COCOA, FL 32926**

**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

Jennifer Powers
Signature typed or printed name of registered agent and title if applicable.

Jennifer Powers
(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HUTCHINGS, ROBERT
5325 VACARO AVE
COCOA, FL 32926**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
POWERS, TROY
5190 VACARO AVE
COCOA, FL 32926**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HUTCHINGS, NANCY
5190 VACARO AVE
COCOA, FL 32926**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
POWERS, JENNIFER
5190 VACARO AVE
COCOA, FL 32926**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Jennifer Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Powers
President

Jennifer Powers

4-27-05
Date

Daytime Phone #

321-604-2022