

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 A
Secretary of State

DOCUMENT # P00000037262

1. Entity Name
BERNER TRANSPORT, INC.



Principal Place of Business

**440 E HAITI AVE
CLEWISTON, FL 33440**

Mailing Address

**440 E HAITI AVE
CLEWISTON, FL 33440**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1012922

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERNER, CARL E
440 E HAITI AVE
CLEWISTON, FL 33440**

**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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YAUN, JOHN A
STREET ADDRESS	848 WEST VENTURA AVENUE
CITY-ST-ZIP	CLEWISTON, FL 33440

TITLE	P
NAME	BERNER, CARL E
STREET ADDRESS	440 E HAITI AVENUE
CITY-ST-ZIP	CLEWISTON, FL 33440

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/22/07-80003-001 158.75

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #