

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90001 010 ***150.00

DOCUMENT # P00000085259

1. Entity Name

CIDRA TRANSPORT, INC.



Principal Place of Business

Mailing Address

~~3936 S SEMORAN BLVD RD~~
~~#108~~
~~ORLANDO FL 32822~~

~~3936 S SEMORAN BLVD RD~~
~~#108~~
~~ORLANDO FL 32822~~

54056441



MOORE

CR2E034 (4/04)

2. Principal Place of Business

9562 146 ST
Suite, Apt. #, etc.

3. Mailing Address

9562 146 ST
Suite, Apt. #, etc.

City & State

Live OAK FL

City & State

Live OAK, FL

4. FEI Number

59-3669599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINN, HELIN R
3936 S SEMORAN BLVD RD
#108
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME QUINN, HELIN R
STREET ADDRESS 3936 S SEMORAN BLVD RD
CITY-ST-ZIP ORLANDO FL 32822
9562 146 ST
Live OAK FL 32060

TITLE DV
NAME MACHUCA, ROSA
STREET ADDRESS 3936 S SEMORAN BLVD RD
CITY-ST-ZIP ORLANDO FL 32822
9562 146 ST
Live OAK FL 32060

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME Helin Quinn
STREET ADDRESS 3936 S SEMORAN BLVD RD
CITY-ST-ZIP ORLANDO FL 32822
9562 146 ST
Live OAK FL 32060

TITLE
NAME MACHUCA ROSA
STREET ADDRESS 3936 S SEMORAN BLVD RD
CITY-ST-ZIP ORLANDO FL 32822
9562 146 ST
Live OAK FL 32060

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

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:

Helin R. Quinn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-3204

386 362-33-59