

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000085259

1. Entity Name

CIDRA TRANSPORT & TIRE SERVICES, INC.



Principal Place of Business

9562 146 STREET
LIVE OAK FL 32060
US

Mailing Address

9562 146 STREET
LIVE OAK FL 32060
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3669599

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	QUINN, HELIN	
STREET ADDRESS	9562 146 STREET	
CITY - ST - ZIP	LIVE OAK FL 32060	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MORALES, RAFAEL X	
STREET ADDRESS	9562 146 STREET	
CITY - ST - ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000407984
02/08/06-80045-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Helin R Quinn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-06 - 386 362 3359

Date

Daytime Phone #