


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000085963	
1. Entity Name KAMP TRUCKING, INC.	

Principal Place of Business 1707 CANOVA STREET SUITE 2 PALM BAY, FL 32909	Mailing Address P.O BOX 100384 PALM BAY, FL 32910
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DO NOT WRITE IN THIS SPACE



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3672489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PRENDERGAST, RONALD 2701 ENDGLEWOOD DR MELBOURNE, FL 32940

**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

Ann Marie Prendergast

4/5/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000106963
04/08/04-80038-010 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O PRENDERPAST, RONALD 1515 NONA ST. PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PREDERPAST, ANN MARIE 1515 NONA STREET PALM BAY, FL 32907
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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)(f), 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:

Ann Marie Prendergast
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/04