


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000001509

1. Entry Name
B-LINE CARRIERS, INC.



Principal Place of Business
**1169 CULBREATH ROAD
BROOKSVILLE FL 34602**

Mailing Address
**1169 CULBREATH ROAD
BROOKSVILLE FL 34602**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country **USA**

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country **USA**

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3690511** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**BALDREE, GEROLD L
1169 CULBREATH ROAD
BROOKSVILLE FL 34602**

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 *Gerold L. Baldree* DMB *3/1/06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) 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 **\$5.00** May Be Added to Fees
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

TITLE	O	<input type="checkbox"/> Delete
NAME	BALDREE, GEROLD L	
STREET ADDRESS	1169 CULBREATH ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	O	<input type="checkbox"/> Delete
NAME	BALDREE, DEBORAH M	
STREET ADDRESS	1169 CULBREATH ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

U00000454683
03/15/06-80026-003 150.00

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

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: *Deborah M. Baldree* *3/1/06* **352-754-5381**
Signature, typed or printed name of signing officer or director Date