## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000018335

1. Entity Name

H & L TRANSPORTATION, INC.



FILED Feb 13, 2007 08:00 AM Secretary of State

Principal Place of Business

4508 KEENE RD PLANT CITY, FL 33565 Mailing Address

4508 KEENE RD PLANT CITY, FL 33565



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3699643

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

,

SPELLER, HUBERT O JR 4508 KEENE ROAD PLANT CITY, FL 33565

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.								
SIGNATURE.	Signsture, typed or printed name of registered agent and title if	applicable. (NOTE; Registered A	Agent signature re	quired when reinstating)	- ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	DATE	· · · · · · · · · · · · · · · · · · ·	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi     Trust Fund Contribution.		\$5.00 May Be Added to Fees	···· •			
10	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPELLER, HUBERT O JR 4508 KEENE ROAD PLANT CITY, FL 33565		U00000634600					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				02/22/07-80018-004 158.75				
TITLE NAME STREET ADDRESS CETY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 - 100 -							
NAME 1 1 3 1 100 STREET ADDRESS!	MO SON TO PROJECT THE SOUND TO SOUND THE SOUND	25 (M. 20 00 100 100 100 100 100 100 100 100 1		ANT LA COMPANY	*** ** ** **	er per de la pag	nis - Marinians	

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

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

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2-3-7

9133765196

Daytime Phone #