

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90349 034 ***150.00

DOCUMENT # P01000039369

1. Entity Name

ON TIME CARRIERS, INC.



Principal Place of Business

10573-111TH AVE. N
LARGO FL 33773

Mailing Address

10573-111TH AVE. N
LARGO FL 33773

2. Principal Place of Business

9679 Hollyhill Dr

Suite, Apt. #, etc.

3. Mailing Address

9679 Hollyhill Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32824

Country

US

City & State

Orlando, FL

Zip

32824

Country

U.S.

4. FEI Number

59-3709589

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K ESQ
401 S. LINCOLN AVE.
CLEARWATER FL

7. Name and Address of New Registered Agent

Name

Jack Callahan

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

451 Central Park Dr

City

Largo

FL

Zip Code

33771

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

Jack Callahan, Jack Callahan

4/26/2004

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

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 PD ☐ Delete
NAME QUINONES, JULIO E
STREET ADDRESS 10573-111TH AVE. N
CITY-ST-ZIP LARGO FL 33773

TITLE VD ☒ Delete
NAME QUINONES, SHANNON D
STREET ADDRESS 10573-111TH AVE. N
CITY-ST-ZIP LARGO FL 33773

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

Julio Quinones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

770-862-1431

Daytime Phone #