

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000078002**

1. Entity Name  
ELK-POL TRANSPORT, INC.



Principal Place of Business  
3030 CRENSHAW CT  
NEW PORT RICHEY, FL 34655-2107

Mailing Address  
3030 CRENSHAW CT  
NEW PORT RICHEY, FL 34655-2107



04232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3743418</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

BABALA, ANDRZEJ  
3030 CRENSHAW CT  
NEW PORT RICHEY, FL 34655-2107

**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: \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000921697  
05/15/08-80017-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	BABALA, ANDRZEJ
STREET ADDRESS	3030 CRENSHAW CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 346552107

TITLE	VPS
NAME	BABALA, JOANNA
STREET ADDRESS	3030 CRENSHAW CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 346552107

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joanna Babala* JOANNA BABALA 4/23/08 372 727-937 5028