

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90577 029 ***150.00

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01242005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3738150** Applied For ☐ Not Applicable ☒

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

DOCUMENT # P01000082883

1. Entity Name
DEP TRANS CORP.



Principal Place of Business
**4851 85TH AVE
PINELLAS PARK, FL 33781**

Mailing Address
**4851 85TH AVE
PINELLAS PARK, FL 33781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEKARCIC, EVA
2379 CHAUCER ST
CLEARWATER, FL 33765**

Name **EVA PEKARCIC**

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

1456 S. RIDGELAND CIR.

City **CLEARWATER** FL Zip Code **33755**

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 **Eva Pekarcic** **EVA PEKARCIC** **REG. AGENT** **4-15-05**
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PEKARCIC, DAVID**
CITY-ST-ZIP **8032 W 82ND ST #2
JUSTICE, IL 60458**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **PEKARCIC, EVA**
CITY-ST-ZIP **8032 W 32ND ST #2
JUSTICE, IL 60458**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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: **Eva Pekarcic** **EVA PEKARCIC** **V. PRES.** **4-15-05** **708-594-2576**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #