

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000014653

1. Entity Name
KEMSTOC TRANSPORTATION SERVICES, INC.



Principal Place of Business
**3040 SW 2ND COURT
FT LAUDERDALE, FL 33312**

Mailing Address
**3040 SW 2ND COURT
FT LAUDERDALE, FL 33312**



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2993486

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, MICHAEL G II
3040 SW 2ND COURT
FT LAUDERDALE, FL 33312**

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DAVIS, MICHAEL G II**
STREET ADDRESS **3040 SW 2ND COURT**
CITY - ST - ZIP **FT LAUDERDALE, FL 33312**

TITLE **V**
NAME **DAVIS, SHAUN D**
STREET ADDRESS **3040 SW 2ND COURT**
CITY - ST - ZIP **FT LAUDERDALE, FL 33312**

TITLE **T**
NAME **DAVIS, NATASHA**
STREET ADDRESS **3040 SW 2ND COURT**
CITY - ST - ZIP **FT LAUDERDALE, FL 33312**

TITLE **S**
NAME **DAVIS, VERONICA R**
STREET ADDRESS **3040 SW 2ND COURT**
CITY - ST - ZIP **FT LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 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, withdrawal or other like empowered.

SIGNATURE:

Michael G II Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/04 08:00 AM
04/30/04-00030-025 150.00

305-681-4555
305-681-4555