

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000041928

1. Entity Name
CHANNING TRANSPORTATION COMPANY



FILED
2004 MAY 21 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5200 NW EGRET AVE.
PORT ST. LUCIE, FL 34983-8965

Mailing Address
5200 NW EGRET AVE.
PORT ST. LUCIE, FL 34983-8965



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0619938

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CROSS, MARYLEA L
5200 NW EGRET AVE.
PORT ST. LUCIE, FL 34983-8965

**DO NOT WRITE
IN THIS SPACE**

3. 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
D
NAME
CROSS, JAMES S
STREET ADDRESS
5200 NW EGRET AVE.
CITY-ST-ZIP
PORT ST. LUCIE, FL 349838965

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

400037045544
05/24/04--01079--011 **\$550.00

**DO NOT WRITE
IN THIS SPACE**

Vern
5/21

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James Cross James Cross CEO 5/1/2004