

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90065 027 ***150.00

DOCUMENT # P02000045716

1. Entity Name
BLACK'S TRANSPORT CO.



Principal Place of Business
**2367 GLEN GARDNER DRIVE
JACKSONVILLE, FL 32246**

Mailing Address
**2367 GLEN GARDNER DRIVE
JACKSONVILLE, FL 32246**



2. Principal Place of Business - No P.O. Box #

51627 COLBY DR.

Suite, Apt. #, etc.

3. Mailing Address

51627 COLBY DR.

Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State

CALLAHAN, FL

City & State

CALLAHAN, FL

4. FEI Number
04-3652408

Applied For
Not Applied

Zip
32011

Country

NASSAU

Zip
32011

Country

NASSAU

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

6. Name and Address of Current Registered Agent

**BLACK, DONNA
2367 GLEN GARDNER DRIVE
JACKSONVILLE, FL 32246**

7. Name and Address of New Registered Agent

Name
BLACK, DONNA
Street Address (P.O. Box Number is Not Acceptable)
51627 COLBY DR.
City
CALLAHAN FL Zip Code
32011

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, 2007 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	<input type="checkbox"/> Delete
NAME	BLACK, KENDRICK	
STREET ADDRESS	2867 GLEN GARDNER DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLACK, DONNA	
STREET ADDRESS	2367 GLEN GARDNER DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	51627 COLBY DR
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	51627 COLBY DR
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, changed, or on an attachment with an address, with all other like empowered.

Donna R. Black *Donna R. Black* *Secretary*