## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

MULIK. WEITER TO SIGNING OFFICER OR DIFFECTOR

## **DOCUMENT # P02000128245**

K & D TRANSPORTATION SOLUTIONS, INC.



**FILED** Apr 01, 2004 08:00 AM --Secretary of State

Principal Place of Business

Mailing Address

165 SEABREEZE CIRCLE MERRITT ISLAND, FL 32953

165 SEABREEZE CIRCLE . MERRITT ISLAND, FL. 32953



03282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 81-0582290

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINERT, KENNETH R 165 SEABREEZE CIRCLE MERRITT ISLAND, FL 32953

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pations of registered agent.	rpose of changing its registe	red office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. {NOTE, Registe	red Agent signature	required when remateting)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000100622
10.	OFFICERS AND DIRECT	TORS	1		<del>  04/01/04-80015-004-150.00  </del>
NAME STREET ADDRESS CITY-ST-ZIP	D WEINERT, KENNETH R 165 SEABREEZE CIRCLE MERRITT ISLAND, FL 32953				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
ISTLE NAME STREET ADDRESS CITY-ST-ZIP		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DO	NOT WRITE
TITLE NAME STREET ADDRESS DITY-SI-ZP				IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZP					
THEE NAME STREET ADDRESS CITY-ST-ZP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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.					