


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000130982
 1. Entity Name
CHOPCO TRANSPORT, INC.



Principal Place of Business Mailing Address
7747 NW 176TH LANE **P.O. BOX 1004**
REDDICK FL 32686 **FAIRFIELD FL 32634**



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/05)

| | | |
|--|--|---|
| 4. FEI Number 92-0178933 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent |
| EDWARDS, JOHN M 7747 NW 176TH LANE REDDICK FL 32686 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | |
|--|--|
| <p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p> | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> |
|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST EDWARDS, JOHN M 17484 NW CR 225 FAIRFIELD FL 32634 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000561892 05/19/06-80033-002 158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, VICKI A 15331 ROBERTS BARN ROAD DADE CITY FL 33523 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John M Edwards* 4-30-06 (352)266-9849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #