


2007 FOR PROFIT CORPORATION- ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000130982 1. Entity Name CHOPCO TRANSPORT, INC.	
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Principal Place of Business 7747 NW 176TH LANE REDDICK FL 32686	Mailing Address P.O. BOX 1004 FAIRFIELD FL 32634
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 92-0178933	Applied For
	<input type="checkbox"/> Not Applicable

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
	State: 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 _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST EDWARDS, JOHN M <input type="checkbox"/> Delete 17484 NW CR 225 FAIRFIELD FL 32634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, VICKI A <input type="checkbox"/> Delete 15331 ROBERTS BARN ROAD DADE CITY FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;"> U00000740632 05/14/07-80075-015 150.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* 4-20-07 (352) 591-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #