

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000009164**

1. Entity Name  
**IWT TESORO TRANSPORT, INC.**



Principal Place of Business  
**3500 SW 42ND AVE.  
PALM CITY, FL 34990**

Mailing Address  
**191 POST RD W  
STE. 10  
WESTPORT, CT 06880**



03262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3079768**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COLEMAN, GAYLE  
2101 NW BOCA RATON BLVD STE 1  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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**

**000000689155  
04/11/07-80024-024 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DPCE
NAME	BOUCHER, JR, HENRY J
STREET ADDRESS	191 POST RD. WEST, STE. 10
CITY-ST-ZIP	WESTPORT, CT 06880
TITLE	VP
NAME	BOUCHER, PAUL
STREET ADDRESS	3500 SW 42ND AVE.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VP
NAME	JORDAN, FORREST
STREET ADDRESS	3500 SW 42ND AVE.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VP
NAME	SPENCER, KATHRYN
STREET ADDRESS	3500 SW 42ND AVE.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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 #

**(772) 223-3151**