2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000028936

1. Entity Name
COXLAND TRANSPORT, INC.

Principal Place of Business
215 CHAPMAN RD. WEST
LUTZ, FL 33649

Mailing Address
215 CHAPMAN RD. WEST
LUTZ, FL 33649

DO NOT WRITE IN THIS SPACE

03222006 No Chg-P CRZE034 (11/05)

4. FEI Number
42-1575596

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

COX, RUSSELL
215 CHAPMAN RD. WEST
LUTZ, FL 33649

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000480523
04/10/06-80047-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COX, RUSSELL
STREET ADDRESS	215 CHAPMAN RD. WEST
CITY ST ZIP	LUTZ, FL 33649
TITLE	D
NAME	POWELL, PATRICIA A
STREET ADDRESS	215 CHAPMAN RD. WEST
CITY ST ZIP	LUTZ, FL 33649
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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: Patricia A. Powell PATRICIA A. POWELL 3/23/06 813-265-2492

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