


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90007 019 ***150.00

DOCUMENT # P03000056262					
1. Entity Name M N R LINES TRUCKING, INC.					
Principal Place of Business 1914 N.W. 36TH AVE CAPE CORAL, FL 33993			Mailing Address 1914 N.W. 36TH AVE CAPE CORAL, FL 33993		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1192313	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEVY, KIM ESQ 2110 CLEVELAND AVE FT MYERS, FL 33901			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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALIXTO, ROLAND S SR 1914 N.W. 36TH AVE CAPE CORAL, FL 33993	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NAGY, OTTO R 1914 N.W. 36TH AVE CAPE CORAL, FL 33993	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS CALIXTO, ROLAND S JR 1914 N.W. 36TH AVE CAPE CORAL, FL 33993	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS IRVIN, DONOVAN O SR 5612 FOX LAKE DRIVE NORTH FT. MYERS, FL 33917	<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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> 7/05/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

Attachments

54061032

#P0300056262

M N R LINES TRUCKING, INC.
1914 NW 36th AVE. CAPE CORAL, FL 33993

07/05/04

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

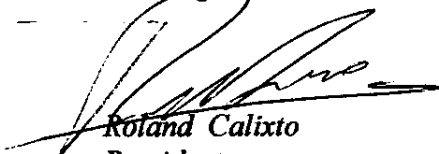
RE: 2004 Annual Report Filing
Doc. P03000056262 FEIN: 65-1192313

To Whom It May Concern:

Please find attached the Annual Report for MNR Lines Trucking, Inc. for 2004 and a check for \$150.00. I moved to Florida from Ohio and started the business in 2003 at which time this filing was completed by the said registered agent. I did have other businesses in Ohio however; Ohio did not require an Annual Report as Florida does. I was unaware that this needed to be renewed every year. I sincerely apologize and would like to request that the late filing fee of \$400.00 be waived this one time. Now that I am aware that the Annual Report needs to be filed by May 1st I will certainly make sure it is sent in a timely manner.

Your consideration in this matter would be greatly appreciated.

Best Regards,



Roland Calixto
President

jmr/attachments