

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000096862

1. Entity Name
GALE FORCE TRANSPORT, INC.



Principal Place of Business
**157 PLANTATION BLVD
LAKE WORTH, FL 33467**

Mailing Address
**157 PLANTATION BLVD
LAKE WORTH, FL 33467**



05052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0314862

Applied For
Not Applicable

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

**MCGOEY, MICHAEL J
209 N SEACREST BLVD
BOYNTON BEACH, FL 33435**

**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
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
HONEYWELL, MARK
157 PLANTATION BLVD
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000564601
05/20/06-80078-015 150.00

**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: Mark Honeywell **Mark Honeywell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/06
Date

561-313-9246
Daytime Phone #