

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90219 048 \*\*\*150.00

**DOCUMENT # P03000106704**

1. Entity Name  
**BLACK CREEK AUTO TRANSPORT, INC.**



Principal Place of Business  
**1950 MILLER STREET STE 1  
JACKSONVILLE, FL 32073**

Mailing Address  
**1950 MILLER STREET STE 1  
JACKSONVILLE, FL 32073**

**66424638**



2. Principal Place of Business  
**1950 MILLER ST.**

3. Mailing Address  
**1950 MILLER ST**

Suite, Apt. #, etc.  
**SUITE # 2**

Suite, Apt. #, etc.  
**SUITE # 2**

04152004 Chg-P CR2E034 (10/03)

City & State  
**ORANGE PARK, FL**

City & State  
**ORANGE PARK, FL**

4. FEI Number  
**61-1451960**

Applied For  
Not Applicable

Zip  
**32073**

Country

Zip  
**32073**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWARD A CAPLAN ATTORNEYS PA  
6260 DUPONT STATION COURT STE C  
JACKSONVILLE, FL 32217**

Name  
**Richard Williams**

Street Address (P.O. Box Number is Not Acceptable)

**1950 MILLER ST.**

**SUITE # 1**

City  
**ORANGE PARK**

FL

Zip Code  
**32073**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4/29/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
**P WILLIAMS, Richard  
1950 MILLER ST. SUITE # 1  
ORANGE PARK, FL. 32073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Richard Williams** 4/12/04 904-269-9825  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #