## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P03162

MERCHANTS TRANSPORT OF HICKORY, INC.



**FILED** Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

5005 ALEX LEE BLVD. HICKORY, NC 28601

PO BOX 2148

HICKORY, NC 28603

CR2E034 (11/05)

## DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1389523

No Chg-P

Applied For Not Applicable

5. Certificate of Status Desired

04232007

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY 1201 HAYES STREET SUITE 105 TALLAHASSEE, FL 32301

## 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, 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

U00000749624 05/18/07-80029-008 150.00

OFFICERS AND DIRECTORS 10. PD TITLE NAME GEORGE, BOYD LEE STREET ADDRESS 120 4TH ST. SW CITY-ST-ZIP HICKORY, NC 28602 VP TITLE DAVIS, GERALD NAME STREET ADDRESS 5001 ALEX LEE BLVD CITY-ST-ZIP HICKÓRY, NC 28601 STD TITLE KNEDLIK, RONALD NAME STREET ADDRESS 120 4TH ST. SW CITY-ST-ZIP HICKORY, NC 28602 TITLE HATCHELL, DENNIS NAME STREET ADDRESS 120 4TH ST. SW CITY-ST-ZIP HICKORY, NC 28602 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

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 attactment with an address, with all other like empowered.

"Left Chapter 119. Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.

"Left Chapter 119. Florida Statutes: I further certify that the information indicated on this report or supplemental report is true."

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald D. Davis

4/24/07

828-725-4274