

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90475 036 \*\*\*158.75

**DOCUMENT # P04000003059**

1. Entity Name  
R L TRANSPORT, INC.



Principal Place of Business  
7000 E ADAM DR  
B  
TAMPA, FL 33619

Mailing Address  
4744 FOXSHIRE CIRCLE  
TAMPA, FL 33624

2. Principal Place of Business - No P.O. Box  
7000 E. Adamo Dr.

3. Mailing Address  
7000 E. Adamo Dr.

Suite, Apt. #, etc.  
Suite B

Suite, Apt. #, etc.  
Suite B

City & State  
Tampa FL

City & State  
Tampa FL

Zip  
33619

Country  
Hillsboro

Zip  
33619

Country  
Hillsboro



04272007 Chg-P CR2E034 (12/06)

4. FEI Number  
90-0132791

Applied For  
Not Applicable

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

LORD, ROBERT H  
4744 FOXSHIRE CIRCLE  
TAMPA, FL 33624

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

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LORD, ROBERT H  
4744 FOXSHIRE CIRCLE  
TAMPA, FL 33624 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres.  
Susan Lord  
4744 Foxshire Circle  
Tampa FL 33624 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ 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 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

*(Signature of Susan Lord)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

813-740-8838

Date

Daytime Phone #