

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90041 001 ***300.00

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03092007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000046679 1. Entity Name O & L TRANSPORT, INC.					
Principal Place of Business 310 SHERBORNE LN KISSIMMEE, FL 34758			Mailing Address 310 SHERBORNE LN KISSIMMEE, FL 34758		
2. Principal Place of Business - No P.O. Box # 4666 Ross Lanier Lane		3. Mailing Address 4666 Ross Lanier Lane			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Kissimmee FL		City & State Kissimmee FL		4. FEI Number 20-0876107	
Zip 34758		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, OLGA 310 SHERBORNE LN KISSIMMEE, FL 34758			7. Name and Address of New Registered Agent 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 <u><i>Olga Smith</i></u> DATE <u>03.12.07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	D <input type="checkbox"/> Delete SMITH, OLGA 310 SHERBORNE LN KISSIMMEE, FL 34758		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 another like empowered.					
SIGNATURE: <u><i>Olga Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03.12.07</u> <small>Daytime Phone #</small>		