


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000077319**

1. Entity Name  
**TELLO & SONS TRANSPORT, INC.**



Principal Place of Business      Mailing Address

**853 CHICAGO STREET, EAST**      **853 CHICAGO STREET, EAST**  
**LEHIGH ACRES, FL 33936 US**      **LEHIGH ACRES, FL 33936 US**

**DO NOT WRITE IN THIS SPACE**



04242006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**76-0758056**       Not Applicable

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

6. Name and Address of Current Registered Agent

**TELLO, JUAN F**  
**853 CHICAGO STREET, EAST**  
**LEHIGH ACRES, FL 33936**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

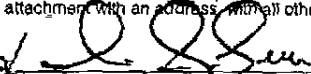
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TELLO, JUAN F
STREET ADDRESS	853 CHICAGO STREET, EAST
CITY-ST-ZIP	LEHIGH ACRES,, FL 33936
TITLE	VP
NAME	TELLO, HERMILO SR.
STREET ADDRESS	P. O. BOX 8154
CITY-ST-ZIP	NAPLES, FL 34101
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/12/06-80026-005 150.00

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:       Date: **4-29-06**      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR