

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000010553

1. Entity Name  
IRVINE TRANSPORT, INC.



FILED

10 JUN -9 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7744 N.W. 176TH LANE  
FAIRFIELD, FL 32634 US

Mailing Address  
P.O. BOX 1004  
7744 N.W. 176TH LANE  
FAIRFIELD, FL 32634-1004



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05062010 Chg-P CR2E034 (11/08)

City & State

City & State

4. FEI Number  
20-2277764

Applied For  
Not Applicable

Zip

Country

Zip

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

EDWARDS, JOHN M SR.  
7744 N.W. 176TH LANE  
FAIRFIELD, FL 32634-1004

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 24, 2010**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME EDWARDS, JOHN M SR.  
STREET ADDRESS 7744 N.W. 176TH LANE  
CITY- ST- ZIP FAIRFIELD, FL 32634

TITLE VP ☐ Delete  
NAME EDWARDS, JOHN M JR.  
STREET ADDRESS 323 E. CHURCH STREET  
CITY- ST- ZIP JACKSONVILLE, FL 32202

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**100180572641**  
**05/07/10--01034--008 \*\*150.00**

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day:mo:Phone #

RH