

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90060 021 \*\*\*158.75

66002109



01102006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000031852</b>					
1. Entity Name <b>LAKE PARK TRANSPORT CORPORATION</b>					
Principal Place of Business <b>803 13TH STREET LAKE PARK, FL 33403 US</b>			Mailing Address <b>803 13TH STREET LAKE PARK, FL 33403 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-2428591</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GADOURY, KATHRYN 803 13TH STREET LAKE PARK, FL 33403</b>			7. Name and Address of New Registered Agent Name <b>CARDIN R STREET</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 N. US Highway Ste 600</b> City <b> Jupiter</b> FL Zip Code <b>33477</b>		
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 <b>CARDIN R STREET</b> <b>CARDIN R STREET</b> <b>1/9/06</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when reappointing)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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	DPT GADOURY, KATHRYN 803 13TH STREET LAKE PARK, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GADOURY, THOMAS 803 13TH STREET LAKE PARK, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D/V.P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KELLY, WARREN 803 13TH STREET LAKE PARK, FL 33403 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Thomas R. Gadoury O.A.</b> <b>1/9/06</b> <b>561-844-4416</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT



66002109

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

for I-d

20-2428591

February 2, 2006

LAKE PARK TRANSPORT CORPORATION  
803 13TH STREET  
LAKE PARK, FL 33403 US

Subject: LAKE PARK TRANSPORT CORPORATION

Reference Number:

P05000031852

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION