2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054192

Name:

Address:

City-St-Zip:

TARTER, KATIÉ A

SEBRING, FL 33870

1252 BELLEVUE AVENUE

Entity Name: M. TARTER TRANSPORT COMPANY, INC

FILED Mar 31, 2009 Secretary of State

Entity Nai	me: M. TARTI	ER TRANSPORT COMPANY, I	NC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	EVUE AVENU , FL 33870	JE			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX SEBRING,	3 , FL 33871				
FEI Number:	: 20-2682269	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ROBERT E. LIVINGSTON, P.A. 445 SOUTH COMMERCE AVENUE SEBRING, FL, FL 33870 US				ROBERT E. LIVINGSTON, P.A. 445 SOUTH COMMERCE AVENUE SEBRING, FL 33870 US	
	named entity : e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				03/31/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () TARTER, MARI 1252 BELLEVU SEBRING, FL	JE AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () PELLICANE, M 1252 BELLEVU SEBRING, FL	JE AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DST () Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK A. TARTER DP 03/31/2009