


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90024 009 ***150.00

DOCUMENT # P05000099078		
1. Entity Name BRONCO TRANSPORT, INC.		

Principal Place of Business 1509 S. 22ND STREET TAMPA, FL 33605	Mailing Address 1509 S. 22ND STREET TAMPA, FL 33605
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20007068

2. Principal Place of Business - No P.O. Box # 2377 Guy N. Verger Blvd.	3. Mailing Address 2377 Guy N. Verger Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03142007 Chg-P CR2E034 (12/06)

City & State Tampa, FL	City & State Tampa, FL
Zip 33605	Country USA

4. FEI Number 20-3149084	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KAGAN, EDWIN B 2709 ROCKY POINT DRIVE SUITE 102 TAMPA, FL 33607	
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7. Name and Address of New Registered Agent Name: John Gomes Street Address (P.O. Box Number is Not Acceptable) 2377 Guy N. Verger Blvd City: Tampa FL Zip Code: 33605	
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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>John Gomes</u> John Gomes <u>3/14/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELVERRILLO, RON 1509 S. 22ND STREET TAMPA, FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELVERRILLO, RON 2377 Guy N. Verger Blvd. TAMPA, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEJIA, JULIO 1509 S. 22ND STREET TAMPA, FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEJIA, JULIO 2377 Guy N. Verger Blvd. TAMPA, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GOMES, JOHN 1509 S. 22ND STREET TAMPA, FL 33605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOMES, JOHN 2377 Guy N. Verger Blvd. TAMPA, FL 33605 <input checked="" 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: <u>John Gomes</u> John Gomes - President <u>3/14/07</u> 813-248-9482 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	