

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90009 045 ***158.75

DOCUMENT # P05000135390

1. Entity Name
F R S TRANSPORT INC



Principal Place of Business
**4364 LILAC CIRCLE
LAKE WORTH FL 33461
US**

Mailing Address
**4364 LILAC CIRCLE
LAKE WORTH FL 33461
US**



2. Principal Place of Business

3. Mailing Address
4364 Lilac Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Lake Worth FL

City & State

City & State
Florida

2nd MOORE

CR2E034 (4/06)

4. FEI Number
203561996

Applied For
Not Applicable

Zip

Country

Zip

33461

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

**SAUNDERS, ROSE
4364 LILAC CIRCLE
LAKE WORTH FL 33461**

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 translating)

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**P
SAUNDERS, ROSE
4364 LILAC CIRCLE
LAKE WORTH FL 33461** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
SAUNDERS, FINSLEY
4364 LILAC CIRCLE
LAKE WORTH FL 33461** ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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: **Rose Saunders**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/06

Date

561-644-3791

Daytime Phone #

4364 Lilac Circle
Lakewood Fl 33461

ATTACHMENT 20051156

~~#P0500013538~~

The first cards that was sent to me early this year concerning this matter was sign and send back to you.

Last week I received this form in the mail to my surprise I have a late charge. Please note if I did get this form before the fee of \$150 would be payed. So I am asking that you waived the late fee. Please accept this check of \$150. ~~00~~ for my fee.

Thank you.

Sign
Rose Saunders

Requesting certificate.

\$8.75 Added to
check for certificate