

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90034 034 ***150.00

DOCUMENT # P06000000894

1. Entity Name
G & O TRANSPORT CORPORATION



Principal Place of Business
**1005 TRAMELLS TRAIL
KISSIMMEE, FL 34744**

Mailing Address
**1005 TRAMELLS TRAIL
KISSIMMEE, FL 34744**

40130411

2. Principal Place of Business - No P.O. Box #
4020 ASHEVILLE LN.
Suite, Apt. #, etc.

3. Mailing Address
4020 ASHEVILLE LN.
Suite, Apt. #, etc.

08212007 Chg-P CR2E034 (12/06)

City & State
ST. CLOUD, FL.
Zip **34772** Country **U.S.**

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ST. CLOUD, FL.
Zip **34772** Country **U.S.**

4. FEI Number
204037290

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**OVALLES, LIMBERT
1005 TRAMELLS TRAIL
KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**DPS
OVALLES, LIMBERT
1005 TRAMELLS TRAIL
KISSIMMEE, FL 34744** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVT
GERMOSEN, IVAN
1005 TRAMELLS TRAIL
KISSIMMEE, FL 34744** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**4020 ASHEVILLE LN.
ST. CLOUD, FL. 34772** ☒ Change ☐ Addition

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

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-22-07 729-7101
Date Daytime Phone #