2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 16, 2008 8:00 am Secretary of State

DOCUMENT # P06000051616 1. Entity Name S & R AUTO TRANSPORT, INC									06-16-2008 9	0001 00)6 ***15	50.0	0
Principal Place of Business				Mailing Address									
13361 COUNTY RD 772-C WEBSTER, FL 33597				P O BOX 1146 BUSHNELL, FL 33513					• ·				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			061120	800	Chg-P	CR2E	034 (12/0	6)	
City & State				City & State		4. FEI Number 76-0826725						lied For Applicable	
Zip	Country			Zip	try	5. Certificate of Status Desired \$8.75 Addition Fee Required					ional		
6. Name and Address of Current				tered Agent		7. Name	e and	Address of New R	egistered	Agent			
CLARK, RODNEY D 13361 COUNTY RD 772-C WEBSTER, FL 33597						Name Street Address (P.O. Box Number is Not Acceptable)							
						City					Zip C	ode	
										Fl	- '		
		y submits this statement tered agent.	for the	ourpose of changing its	register	ed office or regi	istered agent,	or bot	th, in the State of Flo	orida. I am	familiar wi	ith, ar	nd accept
•		Read S											
SIGNATURE	Signature, typeti	or privated name of registered age	nt and little	if applicable. (NOT	E: Registere	d Agent signature req	quired when reinstati	ng)		DATE			
	- 1 mg								-	-	-	-	- "
FILE NOW!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Fina Trust Fund Contribution							\$5.00 May E Added to Fees		In accordance v corporation did				
10. 4	T = ==	OFFICERS AN	D DIRE		11.		ADDITI	ONS/	CHANGES TO OFF	ICERS AN			
TITLE NAME	PSD CLARK, RODNEY D			☐ Delete	E E			•		☐ Chang	je .	Addition	
STREET ADDRESS 13361 COUNTY RD 772-C					ET ADDRESS								
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NAME STREET ADDRESS						ET ADDRESS							
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TITLE				☐ Delete	THU	E					☐ Chang	je	☐ Addition
NAME					NAM								
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP							
	certify that th	e information supplied w	ith this t	iling does not qualify fo			ined in Chapte	er 119), Florida Statutes. I	further ce	rtify that th	e info	ormation
indicated of the cor changed,	on this reportion or the contraction or the contrac	e information supplied w of or supplimental report he receiver of trustee em achment with/an address	is true powere s, with a	and accurate and that r d to execute this report ill other like empowered.	ny signa as requi	ture shall have t red by Chapter	the same legal 607, Florida S	l effect tatute	ot as if made under ones; and that my name	oath; that I e appears	am an offici in Block 10	per or	r director Block 11 if

6-12-08 Date