

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072596

Entity Name: GOVER TRANSPORT, INC

FILED
Jul 28, 2009
Secretary of State

Current Principal Place of Business:

21440 SW TAMPICO ST.
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

21440 SW TAMPICO ST.
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 56-2590698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, NEMURY
2144 SW TAMPICO STREET
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, NEMURY
Address: 11430 SW 52 TERRACE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: VERDAYES, ANA
Address: 2144 SW TAMPICO STREET
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NEMURY GONZALEZ

P

07/28/2009

Electronic Signature of Signing Officer or Director

Date