

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086722

FILED
Sep 03, 2008
Secretary of State

Entity Name: D&T ELITE TRANSPORT INC.

Current Principal Place of Business:

249 SW CHAPMAN AVE
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

521 SW DUXBURY AVE
PORT ST. LUCIE, FL 34983

Current Mailing Address:

249 SW CHAPMAN AVE
PORT ST. LUCIE, FL 34984

New Mailing Address:

521 SW DUXBURY AVE
PORT ST. LUCIE, FL 34983

FEI Number: 51-0588214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUGHMAN, DAVID A
249 SW CHAPMAN AVE
PORT ST. LUCIE, FL 34984 US

Name and Address of New Registered Agent:

LAUGHMAN, DAVID A
521 SW DUXBURY AVE
PORT ST. LUCIE, FL 34983 US

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: DAVID LAUGHMAN

09/03/2008

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: LAUGHMAN, DAVID A
Address: 249 SW CHAPMAN AVE
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: VP () Delete
Name: LYNKEECHOW, TAMALEE K
Address: 249 SW CHAPMAN AVE
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: VP (X) Delete
Name: LYN-KEE-CHOW, TITIANA R
Address: 741 NW 207TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAUGHMAN, DAVID A
Address: 521 SW DUXBURY AVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP (X) Change () Addition
Name: LYNKEECHOW, TAMALEE K
Address: 521 SW DUXBURY AVE
City-St-Zip: PORT ST. LUCIE, FL 34983

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: DAVID LAUGHMAN

P

09/03/2008

Electronic Signature of Signing Officer or Director

Date