


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90055 007 ***164.00

DOCUMENT # P06000155850	
1. Entity Name M. CURRY CARRIERS, INC.	

Principal Place of Business 220 CROTON AVENUE 201 LANTANA FL 34265 US	Mailing Address 220 CROTON AVENUE 201 LANTANA FL 34265 US
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2. Principal Place of Business - No P.O. Box # 220 CROTON Ave.	3. Mailing Address 220 CROTON Ave.
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201

2nd MOORE CR2E034 (4/07)

City & State LANTANA FL.	City & State LANTANA FL.
Zip 33462	Zip 33462
Country	Country

4. FEI Number 11-3799970	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CURRY, MICHAEL 220 CROTON AVENUE 201 LANTANA FL 34265	
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7. Name and Address of New Registered Agent Name Michael Curry Street Address (P.O. Box Number is Not Acceptable) 220 CROTON Ave. APT. 201 City LANTANA FL Zip Code 33462	
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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 Michael Curry (NOTE: Registered Agent signature required with filing) DATE 08/04/07	
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FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 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. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P CURRY, MICHAEL 220 CROTON AVENUE LANTANA FL 34265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Michael Curry 220 CROTON Ave. LANTANA FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael Curry (Signature and Typed or Printed Name of Signing Officer or Director)	DATE: 08/04/07	DAYTIME PHONE #: (661) 239-3442
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