

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2008 8:00 am
Secretary of State

08-28-2008 90001 031 ***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



2. Principal Place of Business - No P.O. Box #

200 CROTON AVE.

Suite, Apt. #, etc.

204

3. Mailing Address

200 CROTON AVE.

Suite, Apt. #, etc.

204

2nd MOORE

CR2E034 (4/08)

City & State

LANTANA FL.

City & State

LANTANA FL.

4. FEI Number

11-3799970

Applied For

Not Applicable

Zip

33462

Country

PALM BEACH

Zip

33462

Country

PALM BEACH

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURRY, MICHAEL
220 CROTON AVENUE
201
LANTANA FL 34265

200 CROTON AVE.
204

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

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. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CURRY, MICHAEL
220 CROTON AVENUE
LANTANA FL 34265 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/22/08 (786) 262-6055

Date

Daytime Phone #