

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000156045

1. Entity Name
CNR TRANSPORT, INC.



Principal Place of Business
4733 CREEK MEADOW TRAIL
LAKELAND, FL 33810 US

Mailing Address
4733 CREEK MEADOW TRAIL
LAKELAND, FL 33810 US



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8093141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, CASEY N
4733 CREEK MEADOW TRAIL
LAKELAND, FL 33810

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIR. REYNOLDS, CASEY N 4733 CREEK MEADOW TRAIL LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRES REYNOLDS, CASEY N 4733 CREEK MEADOW TRAIL LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIR. REYNOLDS, BETTY 4733 CREEK MEADOW TRAIL LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP REYNOLDS, BETTY 4733 CREEK MEADOW TRAIL LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SEC REYNOLDS, BETTY 4733 CREEK MEADOW TRAIL LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TREA REYNOLDS, BETTY 4733 CREEK MEADOW TRAIL LAKELAND, FL 33810

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04/22/08-80004-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Casey N. Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/08
Date

863-858-0438
Drytime Phone #