

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90198 022 ***150.00

DOCUMENT # P07000089362

1. Entity Name
F K TRANSPORT, INC.



Principal Place of Business
4753 ARROW RD
ORLANDO, FL 32812

Mailing Address
4753 ARROW RD
ORLANDO, FL 32812



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEIR, LOWANDA J
4753 ARROW RD
ORLANDO, FL 32812

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 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
PVD
KEIR, FRANK D
STREET ADDRESS
4753 ARROW RD
CITY-ST-ZIP
ORLANDO, FL 32812 ☐ Delete

TITLE
NAME
STD
KEIR, LOWANDA J
STREET ADDRESS
4753 ARROW RD
CITY-ST-ZIP
ORLANDO, FL 32812 ☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
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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

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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

Date

Daytime Phone #

3/28/08 407452583