


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2008 8:00 am
Secretary of State

05-08-2008 90018 046 ***150.00

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|--|---|---------------------------------|---|---|--|
| DOCUMENT # P07000112546 | | | |  | |
| 1. Entity Name DEAN HARTLIEB TRANSPORT INC | | | | | |
| Principal Place of Business 4306 OLD DOMINION ROAD ORLANDO FL 32812 | | | Mailing Address 4306 OLD DOMINION ROAD ORLANDO FL 32812 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| <div style="border: 2px solid black; padding: 5px;"> Mr. Dean Hartlieb 4306 Old Dominion Rd Orlando, FL 32812 </div> | | | <div style="border: 2px solid black; padding: 5px;"> Mr. Dean Hartlieb 4306 Old Dominion Rd Orlando, FL 32812 </div> | | |
| Zip 32812 | Country USA | Zip 32812 | Country USA | 4. Fee Number <div style="font-size: 1.5em; font-weight: bold;">26-1220289</div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent HARTLIEB, DEAN 4306 OLD DOMINION ROAD 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date of filing. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P HARTLIEB, DEAN 4306 OLD DOMINION ROAD ORLANDO FL 32812 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V HARTLIEB, JOAN 4306 OLD DOMINION ROAD ORLANDO FL 32812 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Dean Hartlieb, President</i> | | | | <i>DEAN HARTLIEB</i> <i>4/20/08</i> <i>407-859-8930</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Day/Mo/Yr | |