

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90001 046 ***150.00

DOCUMENT # P93000027820

1. Entity Name
PROFICIENT AUTO TRANSPORT, INC.



Principal Place of Business
**10527 PEBBLE BEACH COURT
JACKSONVILLE, FL 32222 US**

Mailing Address
**10527 PEBBLE BEACH CT
JACKSONVILLE, FL 32222 US**

07132004



07132004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3190132

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARDCASTLE, JOANNE B
PROFICIENT AUTO TRANSPORT
10057 103RD ST
JACKSONVILLE, FL 32210**

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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
**VP
HARDCASTLE, PATRICK M
10057 103RD ST
JACKSONVILLE, FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HARDCASTLE, JOANNE B
10057 103RD ST
JACKSONVILLE, FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joanne B Hardcastle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANNE B HARDCASTLE
7/13/04 **904-772-1175**
Date Daytime Phone #



24062305

July 13, 2004

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: Corporate Annual Report
Document: P930000027820

To Whom It May Concern:

We recently received a post card "notice of intent to dissolve" indicating that our annual report form and check for the amount of \$150.00 mailed out April 1, 2004 was not received. I have immediately put a stop payment on our check #25063 (copy attached) and I have also enclosed a copy of the annual report that was filed back in April, 2004.

Since the original form was misplaced by the post office I have also downloaded another report from the internet and enclosed another check for \$150.00, requesting that the late fee of \$400.00 be waived.

Thank you for your consideration to this matter and request confirmation regarding the above.

Sincerely,

JoAnne B. Hardcastle
President

Encl.