

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 11, 2006 8:00 am
Secretary of State

08-25-2006 90001 028 ***150.00

8.

DOCUMENT # P93000070234 1. Entity Name D & B TRANSPORT, INC.			
Principal Place of Business F9 LINCOLN COURT LAKELAND FL 33805		Mailing Address P.O. BOX 90631 LAKELAND FL 33804	
2. Principal Place of Business 613 N. MOORE AV		3. Mailing Address P.O. BOX 90631	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State LAKELAND FL		City & State LAKELAND FL	
Zip 33801		Zip 33804	
Country FL		Country FL	
4. FEI Number 59-3201330		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOJKIC, T J 1517 COMMERCIAL PARK DRIVE LAKELAND FL 33801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not Acceptable) City FL	
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 title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 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. <input type="checkbox"/>	
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 D BROWN, ALONZO F9 LINCOLN COURT LAKELAND FL 33805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D DIXON, WILLIE J 1405 ALAMEDA DRIVE LAKELAND FL 33805	<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 S BERRIEN, LOLITA 933 W 7 ST LAKELAND FL 33805	<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 	<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 	<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 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Alonzo Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CLERK</small>		8-23-06 <small>Date Daytime Phone #</small>	

ATTACHMENT
ATTACHMENT

66023950
#P93000070234



D & B Transport

PO Box 90631

Lakeland FL 33804

FAX (813) 683-1134

Date: 9. 8. 06

To: Florida Dept. of State. Cap.

From: D+B Transport

Message: To whom it may
concern i did not
receive a copy of Cap. Report.

ALONZO BROWN, PRESIDENT