

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P930000687607

1. Entity Name
CORONADO TRANSPORTATION, INC.



Principal Place of Business
**301 OLD COUNTY RD
EDGEWATER, FL 32132 US**

Mailing Address
**301 OLD COUNTY RD
EDGEWATER, FL 32132 US**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3213744

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HEEBNER, PETER B
523 N. HALIFAX AVE
DAYTONA BEACH, FL 32118**

**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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HECHLER, ROBERT L
STREET ADDRESS	308 OLD COUNTY RD
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	D
NAME	JACKSON, IAN
STREET ADDRESS	4 STEEL ST
CITY-ST-ZIP	BLACKTOWN, AUSTRALIA,
TITLE	AS
NAME	DILL, DAVID
STREET ADDRESS	308 OLD COUNTY RD
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	ST
NAME	ROSS, LAURIE
STREET ADDRESS	308 OLD COUNTY RD.
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	AS
NAME	SHORT, HERBERT J JR
STREET ADDRESS	999 PEACHTREE ST. NE.
CITY-ST-ZIP	ATLANTA, GA 303093996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80064-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

386-428-6461

Daytime Phone #