

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90322 046 \*\*\*150.00

**DOCUMENT # P94000057615**

1. Entity Name  
C.L.M. BULK TRANSPORT, INC.



Principal Place of Business  
15 SOUTH KISSIMMEE AVE.  
OCOE, FL 34761 US

Mailing Address  
P.O. BOX 561079  
ORLANDO, FL 32856 US

**60025479**



2. Principal Place of Business

**3437 Borage Drive**  
Suite, Apt. #, etc.  
**# 507**

3. Mailing Address

Suite, Apt. #, etc.

01102006 Chg-P CR2E034 (11/05)

City & State

**Orlando, FL**

City & State

4. FEI Number

**59-3258698**

Applied For

Not Applicable

Zip

**32812**

Country

**USA**

Zip

Country

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

LANGLEY, RICHARD H ESQ  
700 ALMOND STREET  
CLERMONT, FL 34712

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, 2006 Fee will be \$550.00**

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 PD ☐ Delete  
NAME LANGLEY, A E  
STREET ADDRESS 1831 BETT MAR LANE  
CITY-ST-ZIP WINTER PARK, FL

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

TITLE VD ☐ Delete  
NAME CRITTENDEN, EARL M  
STREET ADDRESS 1023 PINAR DRIVE  
CITY-ST-ZIP ORLANDO, FL 32825

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

TITLE SD ☐ Delete  
NAME MOORE, WILLIAM O  
STREET ADDRESS 13146 CASPER LANE  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3585 ROLLINGBROOK STREET**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE D ☐ Delete  
NAME STEGALL, JERRY  
STREET ADDRESS 11569 COUNTY ROAD STE. 209  
CITY-ST-ZIP OXFORD, FL 34484

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

TITLE TD ☐ Delete  
NAME SCHUUR, HARRY III  
STREET ADDRESS 3226 DEBBIE DR  
CITY-ST-ZIP ORLANDO, FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Harry J. Schuur, III*

**HARRY J. SCHUUR, III**

**4-5-06**

**407-251-6289**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #