## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2004 8:00 am Secretary of State

DOCUMENT # P94000078152  1. Entity Name BULK & LIQUID TRANSPORTATION, INC.		04-27-2004	l 90078 038 ***158.75		
Principal Place of Business 1302 N. 197H ST., SUITE 300 TAMPA, FL 33605	Mailing Address P.O. BOX 5238 TAMPA, FL 33675				
2. Principal Place of Business	3. Mailing Address				
1320 E. 9th Avenue	Suite, Apt. #, etc.				
Tampa, FL 33605	City & State		04152004 Chg-P	CR2E034 (10/03)	
Ony a Maio	· · · · · · · · · · · · · · · · · · ·		4. FEi Number 59-3273252	Applied For Not Applicable	
Zip . Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent	Nama	7. Name and Address of New R	Registered Agent	
CAPITANO, JOSEPH JR. 1 <del>302 N: 19TH ST., SUITE-30</del> 0 TAMPA, FL_33605-		Name			
		L	1320 E. 9th Avenue Tampa, FL 33605		
		City	TL 33605	Zip Code	
- T				<b>FL</b>   `	
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. hyped or printed name of registered agent and trily if applicable. (NOTE: Registered Agent signature required when relinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. OFFICERS AND	DIRECTORS  Delete	11.	ADDITIONS/CHANGES TO OFF		
NAME CAPITANO, JOSEPH JR. STREET ADDRESS 1302 N. 19TH ST.; SUITE 300 CITY-ST-ZIP TAMPA, FL. 33605	□ Delete	NAME STREET ADDRESS 1	320 E. 9th Avenue Campa, FL 33605	Change ☐ Addition	
TITLE P	☐ Delete	TITLE		Change	
NAME CAPITANO, FRANK D STREET ADDRESS 1302 N. 19TH ST., SUITE 300	CAPITANO, FRANK D  ISS 1302 N. 191H ST.; SUITE 300  STREE		320 E. 9th Avenue	1	
CITY-ST-ZIP TAMPA, FL-93605			Tampa, FL 33605	ال	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition : .	
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	•		
777.5		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH CADITANO JR. 4/15/04

813.247.473

Daytime Phone #