

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000008608

1. Entity Name  
M.D.R. TRANSPORT, INC.



Principal Place of Business  
7242 LAGOON ROAD  
SPRING HILL, FL 34606

Mailing Address  
7242 LAGOON ROAD  
SPRING HILL, FL 34606



03072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0577546

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JOHNSTON, DARRYL W  
29 S. BROOKSVILLE AVENUE  
BROOKSVILLE, FL 34601

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PVD
NAME	RENNER, MICHAEL
STREET ADDRESS	7242 LAGOON ROAD
CITY-ST-ZIP	SPRING HILL, FL
TITLE	STD
NAME	RENNER, DEBORAH D
STREET ADDRESS	7242 LAGOON ROAD
CITY-ST-ZIP	SPRING HILL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000267426  
03/17/05-80066-023 150.00

**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

Michael Renner Pres.

Date

3/14/05 352-885-2401

Daytime Phone #