

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90234 013 ***150.00

DOCUMENT # P95000063509	
1. Entity Name CHARBONNEAU BROS. TRANSPORTATION, INC.	

Principal Place of Business 37351 BRADENTON ARCADIA RD MYAKKA CITY FL 34251	Mailing Address 252 MICHAEL DRIVE CRAWFORDVILLE FL 32327
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2. Principal Place of Business	3. Mailing Address P O BOX 373
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MYAKKA CITY FL
Zip	Country USA
Zip 34251-0373	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent CHARBONNEAU, JOSEPH A 37351 BRADENTON ARCADIA RD MYAKKA CITY FL 34251	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																
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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: Jeannette Charbonneau Jeannette Charbonneau 941-322-1903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/1/04 Daytime Phone #