

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000063509

1. Entity Name

CHARBONNEAU BROS. TRANSPORTATION, INC.



FILED
Feb 12, 2007 08:00 AM
Secretary of State

Principal Place of Business

37351 BRADENTON ARCADIA RD
MYAKKA CITY FL 34251

Mailing Address

PO BOX 373
MYAKKA CITY FL 34251



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3343310

Applied For
Not Applicable

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

CHARBONNEAU, JOSEPH A
37351 BRADENTON ARCADIA RD
MYAKKA CITY FL 34251

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, 2007 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P CHARBONNEAU, JOSEPH A 37351 BRADENTON-ARCADIA RD. MYAKKA CITY FL 34251	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V CHARBONNEAU, JOSEPH JR. 200 HERONS RUN DRIVE, APT 218 SARASOTA FL 34232	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V CHARBONNEAU, CLIFFORD 200 HERONS RUN DRIVE, APT 218 SARASOTA FL 34232	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST CHARBONNEAU, JEANNETTE 37351 BRADENTON-ARCADIA RD. MYAKKA CITY FL 34251	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S CHARBONNEAU, KATHY 252 MICHAEL DR CRAWFORDVILLE FL 32327	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
	U000000632203 02/21/07-80013-010 150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jeannette Charbonneau / JEANNETTE CHARBONNEAU

2/08/07

941-322-0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #