

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90012 040 \*\*\*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

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

4. FEI Number **59-3343310**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

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

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, 2008 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

TITLE **P** ☐ Delete  
NAME CHARBONNEAU, JOSEPH A  
STREET ADDRESS 37351 BRADENTON-ARCADIA RD.  
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE **V** ☐ Delete  
NAME CHARBONNEAU, JOSEPH JR.  
STREET ADDRESS 200 HERONS RUN DRIVE, APT 218  
CITY-ST-ZIP SARASOTA FL 34232

TITLE **V** ☐ Delete  
NAME CHARBONNEAU, CLIFFORD  
STREET ADDRESS 200 HERONS RUN DRIVE, APT 218  
CITY-ST-ZIP SARASOTA FL 34232

TITLE **ST** ☐ Delete  
NAME CHARBONNEAU, JEANNETTE  
STREET ADDRESS 37351 BRADENTON-ARCADIA RD.  
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE **S** ☐ Delete  
NAME CHARBONNEAU, KATHY  
STREET ADDRESS 252 MICHAEL DR  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **V** ☒ Change ☐ Addition  
NAME CHARBONNEAU, JOSEPH JR.  
STREET ADDRESS PO BOX 183  
CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE **V** ☒ Change ☐ Addition  
NAME CHARBONNEAU, CLIFFORD  
STREET ADDRESS 5872 DENISON DR  
CITY-ST-ZIP VENICE FL 34293

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

TITLE ☐ Change ☐ Addition  
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 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 3/11/07 941-322-0170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone