2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000025302

1. Entity Name
C & H TRANSFER, INC.

Principal Place of Business	Mailing Address
707 WEST LAKE DR. WIMAUMA, FL 33598	P.O. BOX 1975 SALISBURY, MD 21802 US

DO NOT WRITE IN THIS SPACE

07122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0663925
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORNELIUS, DWIGHT
5114 ROLLING FAIRWAY
VALRICO, FL 33594

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: _____ 7/12/04
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CORNELIUS, DWIGHT J
STREET ADDRESS	5114 ROLLING FAIRWAY
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	WILLIAMS, JEFF
STREET ADDRESS	5330 TWINS CREEK DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	HEARNE, WILLIAM P JR
STREET ADDRESS	3523 OLD COURSE WAY
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/12/04-80006-014 150.00

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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: _____ 7/12/04 813-633-8910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #