

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000035725 1. Entity Name BAR-D TRANSPORTATION INCORPORATED	
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Principal Place of Business 1404 BEAVER DAM RD BONIFAY, FL 32425	Mailing Address 1404 BEAVER DAM RD BONIFAY, FL 32425
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4. Filing Number 59-3374310		400.00 Fee 100.00 Add'l Fee
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HILBERT, DAN 1404 BEAVER DAM ROAD BONIFAY, FL 32425	
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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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Reporting Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
NAME D HILBERT, DAN STREET ADDRESS 1404 BEAVER DAM ROAD CITY-STATE-ZIP BONIFAY, FL 32425	UN00000083504 03/10/04-80041-018 150.00
NAME D HILBERT, BARBARA STREET ADDRESS 1404 BEAVER DAM ROAD CITY-STATE-ZIP BONIFAY, FL 32425	
NAME NAME STREET ADDRESS CITY-STATE-ZIP	
NAME NAME STREET ADDRESS CITY-STATE-ZIP	
NAME NAME STREET ADDRESS CITY-STATE-ZIP	
NAME NAME STREET ADDRESS CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(f), 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. 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 Book 10 or Book 11 of a signed, dated, and attached with an address, and a other, be empowered.

SIGNATURE: Barbara Hilbert *Barbara Hilbert* **3-9-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____