

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000035725		
1. Entity Name BAR-D TRANSPORTATION INCORPORATED		
Principal Place of Business 1404 BEAVER DAM RD BONIFAY, FL 32425	Mailing Address 1404 BEAVER DAM RD BONIFAY, FL 32425	
01292005 No Chg-P CR2E034 (10/03) 4. FCI Number 59-3374310 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		
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 qualifications of registered agent.		
SIGNATURE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financial Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	HILBERT, DAN	
STREET ADDRESS	1404 BEAVER DAM ROAD	
CITY, ST, ZIP	BONIFAY, FL 32425	
TITLE	D	
NAME	HILBERT, BARBARA	
STREET ADDRESS	1404 BEAVER DAM ROAD	
CITY, ST, ZIP	BONIFAY, FL 32425	
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 Block 10 or Block 11. If changed, or on an attachment with an address, with a "other" be empowered.		
SIGNATURE: <i>Barbara Hilbert</i>		<i>Barbara Hilbert Sec.</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3405



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