

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000068221**

**1. Entity Name**  
**SONNY'S TRANSPORT SERVICE, INCORPORATED**



**Principal Place of Business**  
**2520 N. 73RD ST.**  
**TAMPA, FL 33619**

**Mailing Address**  
**2520 N. 73RD ST.**  
**TAMPA, FL 33619**



03132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3353756**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**DESHONG, CLARENCE**  
**2520 N 73RD STREET**  
**TAMPA, FL 33619**

**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:**

*Clarence C. Deshong*  
Signature, typed printed name of registered agent, and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**3-13-07**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$850.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**PD**  
**NAME**  
**DESHONG, CLARENCE**  
**STREET ADDRESS**  
**2520 N 73RD STREET**  
**CITY-ST-ZIP**  
**TAMPA, FL 33619**

**TITLE**  
**STD**  
**NAME**  
**CANNON, DIANE D**  
**STREET ADDRESS**  
**2640 SLASH PINE CT**  
**CITY-ST-ZIP**  
**TITUSVILLE, FL 32780**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U000000667112  
03/26/07-80015-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

*Clarence C. Deshong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**3-13-07**

**813-626-1900**