


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # <u>P960000 72809</u>	
1. Entity Name <u>Kreider Transport, Inc.</u>	

24073943

Principal Place of Business <u>5114 EAST BROADWAY AVE TAMPA FL 33619</u>	Mailing Address <u>5114 E BROADWAY AVE TAMPA FL 33619</u>
---	--



04002004 No Chg-P CR2E004 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEE <u>59.3398264</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARRY E MOYER
5114 E BROADWAY AVE
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

7. 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 responsibility of registered agent.

SIGNATURES: LARRY E MOYER [Signature] 4/30/04

Signature, typed or printed name of registered agent and his or her signature. (Signature of Registered Agent required when presenting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<u>LARRY E MOYER</u> <u>5114 E BROADWAY AVE</u> <u>TAMPA FL 33619</u>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<u>DALE Kreider</u> <u>4974 96th STN</u> <u>57 Petersburg FL 33708</u>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

pd twice
In 2002
would like to receive a credit.

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 trustee or trustee-in-trust to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my name, sign or over the original.

SIGNATURE: [Signature] 4/30/04

SIGNATURE AND TYPE OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone #