

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90009 025 ***150.00

DOCUMENT # P97000071576

1. Entity Name

MCS TRANSPORT, INC.



Principal Place of Business

**908 N RIDGEWOOD DR
#36
SEBRING FL 33870
US**

Mailing Address

**PO BOX 1415
SEBRING FL 33871
US**

2. Principal Place of Business

4343 SCHUMACHER RD.

Suite, Apt. #, etc.

LOT 1E

3. Mailing Address

4343 SCHUMACHER RD.

Suite, Apt. #, etc.

LOT 1E

City & State

SEBRING, FL

City & State

SEBRING, FL

Zip

33872

Country

USA

Zip

33872

Country

USA

4. FEI Number

65-0773723

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAKER, WILLIAM
908 N RIDGEWOOD DR
36
SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4343 SCHUMACHER RD.

LOT 1E

City

SEBRING

FL

Zip Code

33872

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

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BAKER, WILLIAM**
STREET ADDRESS **PO BOX 1415**
CITY-ST-ZIP **SEBRING FL 33871**

TITLE **V** ☐ Delete
NAME **BAKER, CHRISTINE**
STREET ADDRESS **PO BOX 1415**
CITY-ST-ZIP **SEBRING FL 33871**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4343 SCHUMACHER RD. LOT 1E**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4343 SCHUMACHER RD. LOT 1E**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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:

Christine Baker

CHRISTINE BAKER V.P.

8-MAR-04

863/452-4120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #