

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000020312

1. Entity Name
TCK TRANSPORT, INC.



Principal Place of Business
9111 O'NEAL AVENUE
NEW PORT RICHEY, FL 34654

Mailing Address
451 CENTRAL PARK DR
LARGO, FL 33771

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3493850

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K
2310 WEST BAY DRIVE
LARGO, FL 33770

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GALON, THOMAS
9111 ONEAL AVE.
NEW PORT RICHEY, FL 34654

TITLE
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100000222535
02/10/05-80003-016 150.00

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IN THIS SPACE**

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: Thomas Galon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-05 727 841 6654
Date Daytime Phone #