2007 FOR PROFIT CORPORATION
ANNUAL REPORT

3/(

DOCUMENT # P98000035304

1. Entity Name
TREVOR TRANSPORT INC.

Principal Place of Business	Mailing Address
19352 SW 14TH ST.	19352 SW 14TH ST.
PEMBROKE PINES, FL 33029-6121	PEMBROKE PINES, FL 33029-6121

DO NOT WRITE IN THIS SPACE

01192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0830003	Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, TREVOR L
19352 SW 14th ST
Pembroke Pines
FL 33029-6121

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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 _____   *2/22/07*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
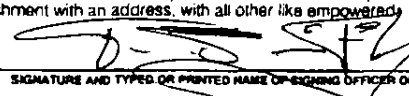
FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	LEE SMITH, TREVOR
STREET ADDRESS	*Pembroke Pines*
CITY-ST-ZIP	

TITLE	O
NAME	SMITH, GLORIA L
STREET ADDRESS	*Pembroke Pines*
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ *TREVOR SMITH*   *3/12/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #