

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075224

Entity Name: L & W TRANSPORT, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

4130 WALU SAU RD.
FORT MYERS, FL 33916

New Principal Place of Business:

2991 SOUTH ST
FORT MYERS, FL 33901

Current Mailing Address:

P.O. BOX 51065
FORT MYERS, FL 339941065

New Mailing Address:

FEI Number: 65-0859729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WALKER, WILLIE
Address: P.O. BOX 51065
City-St-Zip: FORT MYERS, FL 339941065

Title: DV () Delete
Name: WALKER, CALVIN
Address: 2262 DORA ST.
City-St-Zip: FT MYERS, FL 33901

Title: ST () Delete
Name: WALKER, HATTIE
Address: P.O. BOX 51065
City-St-Zip: FT MYERS, FL 339941065

Title: AST () Delete
Name: MCCLAIN, ANGELA W
Address: 3409 15TH STREET W.
City-St-Zip: LEHIGH, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE WALKER

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date