

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000001173

Entity Name: H & M TRANSPORTATION, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

4810 GRAINARY AVE  
TAMPA, FL 33624

## New Principal Place of Business:

4444 E. 7TH AVE.  
TAMPA, FL 33605

## Current Mailing Address:

P O BOX 271408  
TAMPA, FL 336881408

## New Mailing Address:

4444 E. 7TH AVE.  
TAMPA, FL 33605

FEI Number: 59-3551292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVID C LANIGAN, J.D., LL.M  
10927 N 56 ST  
TAMPA, FL 336173000 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: PD ( ) Delete  
Name: MONTALBANO, STEFANIE  
Address: 15101 MONET DRIVE  
City-St-Zip: TAMPA, FL 33613

Title: STD ( ) Delete  
Name: MONTALBANO, STEFANIE  
Address: 15101 MONET DRIVE  
City-St-Zip: TAMPA, FL 33613

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEFANIE HOWELL

PD

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date