2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: CHRIS HOMMOND

DOCUMENT # P99000029214 1. Entity Name CS & H TRANSPORTATION INC.							Apr 30, 2005 08:00 AM Secretary of State				
							']				
Principal Place of Business				Mailing Address			7				
8300 GARDEN GATE PLACE BOCA RATON FL 33433				8300 GARDEN GATE PLACE BOCA RATON FL 33433			İ				
BOCA RATE	ON PL 3343		BOC	A NATON EL 334	-33						
2. Principal Place of Business				3. Mailing Address			_ '				
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Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			1:	st MOORE	CR2E034	(10/04)	
City & State			City	City & State			4. FEI Numi	^{ber} 65-0907328	3		oplied For ot Applicab!
Zip	p Country		Zip	Zip Cou		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current							7. Name an	d Address of New R	egistered A	gent	
HAMMOND, CHRIS						Name	<u> </u>				
8300 GARDEN GATE PLACE						Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33433											
]						City			FL	Zip Cod	e
		y submits this statement	for the purp	ose of changing its	register	ed office or regis	tered agent, or b	oth, in the State of Fid	orida. I am f	amiliar with,	and accept
the obliga	tions of regis	tered agent.		i				_			
SIGNATURE	Signature, lyped	or printed name of registered ag	ent and title if eps	plicable (NOT	E Registere	ad Agent signature requi	rod when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
		! FEE IS \$150.00	Sacintary,		 -	<u> </u>		9. Election Campa	eign Einanch	ng \$5	 .00 Mav Be
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								Trust Fund Con			ed to Fees
10.		OFFICERS AN		PRS			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	SIN 11
THE	D HAMMOND, CHRIS			☐ Delete		E					Addition
NAME STREET ADDRESS				NAM Stree		EET ADORESS		U00000347039 04/30/05-80096-014 150.		150.n	٦
CITY-ST-ZIP	BOCA RATON FL 33433		· · · ·			SI-ZIF					
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TITLE				☐ Dejete	THE	ì				Change	Addition
NAME Street address	}				NAM STRE	IE EET ADORESS					
CITY-ST-ZIP	} _				CITY	ST-ZIF					,
12. I hereby indicated of the corchanged	certify that the on this reportion or to or on an att	e information supplied y it or supplemental report ne receiver or y ustre en achinent with an addres	ith this filing t is true and apowered to s, with all of	does not qualify fo accurate and that execute this report ner like empowered	r the exe ny sìgna as requ	mption stated in ture shall have th ired by Chapter 6	Section 119.07(3 e same legal effe 07, Florida Statu)(i), Florida Statutes, ect as if made under of tes, and that my name	further cert path; that I a e appears in	ify that the i m an officer Block 10 o	nformation or director r Block 11 if

FILED

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