

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000062374

1. Entity Name
L AND P TRUCKING OF BRADFORD COUNTY, INC.



Principal Place of Business
24072 NW 63RD AVE.
LAWTEY, FL 32058

Mailing Address
24072 NW 63RD AVE.
LAWTEY, FL 32058



04302004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3627785

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TABET, PATRICIA
24072 NW 63RD AVE.
LAWTEY, FL 32058

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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 _____
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TABET, PATRICIA
STREET ADDRESS	24072 NW 63RD AVE.
CITY - ST - ZIP	LAWTEY, FL 32058
TITLE	D
NAME	TABET, LEO J
STREET ADDRESS	24072 NW 63RD AVE.
CITY - ST - ZIP	LAWTEY, FL 32058
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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: Patricia A. Tabet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

Date

Daytime Phone #