FILED
Jul 02, 2004 8:00 am
Secretary of State
07-02-2004 90001 038 ***550.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000082159

1. Entity Name
AAB TRANSPORT, INC.

54059554

Principal Place of Business
5460
DAYTON LANE
PORT CHARLOTTE, FL 33981

Mailing Address
5460
DAYTON LANE
PORT CHARLOTTE, FL 33981

06232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0946471
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHELL, ANDREA
5460 DAYTON LANE
PORT CHARLOTTE, FL 33981
5460

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MITCHELL, ANDREA
STREET ADDRESS	5460 DAYTONA LN
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	D
NAME	MITCHELL, BRUCE
STREET ADDRESS	5460 DAYTONA LN
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	D
NAME	MITCHELL, ANDREW
STREET ADDRESS	12492 PATSY AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
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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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: Andrea Mitchell 6/25/04 941-255-8252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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