

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # S22543

1. Entity Name
EXPERT TRANSPORTATION & SERVICE, INC.



Principal Place of Business
**5710 LAND O' LAKES BLVD
LAND O' LAKES, FL 34639**

Mailing Address
**5710 LAND O' LAKES BLVD
LAND O' LAKES, FL 34639**



07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3042226

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CONATY, GREGORY N
5710 LAND O' LAKES BLVD
LAND O LAKES, FL 34639**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000567385
07/06/06-80003-005 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CONATY, GREGORY N
STREET ADDRESS	P O BOX 2355 N/A
CITY-ST-ZIP	LAND O'LAKES, FL
TITLE	ST
NAME	GLENN, CINDY CONATY
STREET ADDRESS	P.O. BOX 2092
CITY-ST-ZIP	LAND O LAKES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Cindy Conaty Glenn *Cindy Conaty Glenn Sec/Tres* 07/03/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 996 5530