

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90082 029 ***150.00

DOCUMENT # V14586

1. Entity Name
NOLAN TRANSPORTATION AGENCIES, INC.



Principal Place of Business

**156 BAYVIEW AVE
PO BOX 23 S4
PT MCNICOLL ON, LOK-1-0 CA**

Mailing Address

**508 N INDIANA AVE
ENGLEWOOD, FL 34223 US**



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0312915

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HANEWINCKEL, DEAN
2800 PLACIDA RD
ENGLEWOOD, FL 34224**

**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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NOLAN, DAN
156 BAYVIEW AVE 23S4
PT MCNICOLL ONT, CA LOK-10**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Dan Nolan

March 10/05

941-698-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40031722

V14586

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. Islander Properties, Inc. 7025 Placida Road Englewood FL 34224 941-697-2192		1 Rents \$ 29,282.86	OMB No. 1545-0115 2004 Form 1099-MISC	Miscellaneous Income	
		2 Royalties \$	3 Other income \$		4 Federal income tax withheld \$
		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
PAYER'S Federal identification number 59-1686313	RECIPIENT'S identification number 65-0312915	7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	Copy 1 For State Tax Department	
RECIPIENT'S name Daniel Nolan Street address (including apt. no.) Nolan Transportation Agencies, Ltd. 156 Bayview Avenue, POB 23-S4 City, state, and ZIP code Port McNicoll, Canada L0K 1R0 ONTARIO		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
11	12				
Account number (optional)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form **1099-MISC**

Department of the Treasury - Internal Revenue Service