

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # V60296

1. Entity Name
D & J CARRIER CORPORATION



Principal Place of Business
1740 22 AVE N
LAKE WORTH, FL 33460

Mailing Address
1740 22 AVE N
LAKE WORTH, FL 33460



01282007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0404775

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

GAYNE, JO ANNE
1740 22 AVE N
LAKE WORTH, FL 33460

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GAYNE, RICHARD P.
STREET ADDRESS 1740 22ND AVEN. N.
CITY-ST-ZIP LAKE WORTH, FL

TITLE VPD
NAME GAYNE, JOANNE
STREET ADDRESS 740 22ND AVE N
CITY-ST-ZIP LAKE WORTH, FL

TITLE ST
NAME GAYNE, JOANNE
STREET ADDRESS 1740 22 AVE N
CITY-ST-ZIP LAKE WORTH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000625419
02/14/07-80074-013 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/07

561-586-4564