

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100126

FILED  
Jul 10, 2007  
Secretary of State

Entity Name: COURTESY NON-MEDICAL TRANSPORTATION, INC.

**Current Principal Place of Business:**

P.O. BOX 920432  
COCONUT CREEK, FL 33097

**New Principal Place of Business:**

4062 NW 55 STREET  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

P.O. BOX 920432  
COCONUT CREEK, FL 33097

**New Mailing Address:**

P.O. BOX 970432  
COCONUT CREEK, FL 33097

FEI Number: 20-1380802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHUCK MOGBO, P.A.  
2800 W. OAKLAND PARK BLVD STE 209  
OAKLAND PARK, FL 33311 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: STEPHENSON, KAREN  
Address: 4062 NW 55TH STREET  
City-St-Zip: COCONUT CREEK, FL 33073

Title: DTS (X) Delete  
Name: THOMPSON N, PATRICK  
Address: 2 ANN LANE  
City-St-Zip: TAMARAC, FL 33319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: K STEPHENSON

DP

07/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date