


FILED
Mar 18, 2005 8:00 am
Secretary of State

02-24-2005 90036 014 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000003082			
1. Entity Name PRO TRANS OF CENTRAL FLORIDA, INC.			
Principal Place of Business 1605 N. WOODLAND BLVD DELAND, FL 32720		Mailing Address 1605 N. WOODLAND BLVD DELAND, FL 32720	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAMUEL, PHAEDRA 4465 DAUGHARTY RD DELAND, FL 32724		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL, GREGORY R	NAME	Pres. Gregory R. Samuel
STREET ADDRESS	4465 DAUGHARTY RD	STREET ADDRESS	5531 East Ave
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP	PO BOX 207 82130 DeLeon Springs FL
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL, PHAEDRA T	NAME	5531 East Ave
STREET ADDRESS	4465 DAUGHARTY RD	STREET ADDRESS	PO BOX 207
CITY-ST-ZIP	DELAND, FL 32724	CITY-ST-ZIP	DeLeon Springs FL 32130
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 employees.			
SIGNATURE: <i>Phaedra J. Samuel</i>		Date: 3/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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01282005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3155790 Applied For Not Applicable

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