


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90070 035 ***150.00

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	01192006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3155790				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 <input checked="" type="checkbox"/> Phaedra Samuel Street Address (P.O. Box Number is Not Acceptable) 5531 East Ave City DeLeon Springs FL Zip Code 32130		
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: <i>Phaedra Samuel</i> <small>Signature (typed or printed name of registered agent and, if applicable, (FIC) Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAMUEL, GREGORY R		NAME		
STREET ADDRESS	5531 EAST AVE PO BOX 207		STREET ADDRESS		
CITY ST ZIP	DE LEON SPRINGS, FL 32130		CITY ST ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAMUEL, PHAEDRA T		NAME		
STREET ADDRESS	5531 EAST AVE PO BOX 207		STREET ADDRESS		
CITY ST ZIP	DE LEON SPRINGS, FL 32130		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		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
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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 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 empowerments.					
SIGNATURE: <i>Phaedra Samuel</i>		Date: <i>1-27-06</i>		Office Phone #: <i>386-738-7226</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Office Phone #</small>	