


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90001 039 ***558.75

DOCUMENT # S90414			
1. Entity Name PROFESSIONAL TRANSPORTATION MANAGEMENT, INC.			
Principal Place of Business 3435 TENTH ST N 302 NAPLES, FL 34103 US		Mailing Address C/O WD KRAMER 1838 40TH TERRACE SW NAPLES, FL 34116 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 990039 Suite, Apt. #, etc.	
City & State		City & State NAPLES, FL	
Zip	Country	Zip	Country
		34116-6060	USA
4. FEI Number 65-0293362		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAMER, WILLIAM D. 1838 40TH TERRACE SW NAPLES, FL 34116		7. Name and Address of New Registered Agent Name: KRAMER, WILLIAM D. Street Address (P.O. Box Number is Not Acceptable): 11925 COLLIER BLVD, #201 City: NAPLES FL Zip Code: 34116-6543	
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>William D. Kramer</i> WILLIAM D. KRAMER DATE: MAY 18 2004			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: S NAME: HECHT, RUTH G. STREET ADDRESS: 4951 GULF SHORE BLVD. CITY-ST-ZIP: NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: HECHT, RUTH G. STREET ADDRESS: 8787 BAY COLONY DR #605 CITY-ST-ZIP: NAPLES, FL 34108	
TITLE: PT NAME: COHON, ALYS STREET ADDRESS: 7117 PELICAN BAY BLVD #209 CITY-ST-ZIP: NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>William D. Kramer</i>		Date: 5/20/04 Daytime Phone #: 279-594-0090	