## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 26, 2004 8:00 am DOCUMENT # S05781 **Secretary of State** 1. Entity Name 03-26-2004 90042 011 \*\*\*150.00 GENERAL TRANSPORTATION INC. Principal Place of Business Mailing Address 13487 CHAMBORD ST UNIT 25 BLDG A BROOKSVILLE FL 34613 P.O. BOX 3170 SPRINGHILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3033434 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRISCO, SANTINA J. Street Address (P.O. Box Number is Not Acceptable) 3052 WATERFALL DR. SPRING HILL FL 34608 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Change ☐ Addition PRISCO, SANTINA, J NAME NAME STREET ADDRESS 3052 WATERFALL DR STREET ADDRESS CITY-ST-ZIP SPRING HILL FL CITY-ST-7IP **VDS** TINE ☐ Delete ☐ Change Addition PRISCO, JOHN A NAME NAME 3052 WATERFALL DR STREET ADDRESS STREET ADDRESS SPRING HILL FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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** 

SIGNATURE AND TYPED ON PRINYED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04 (352)683-8689

FILED