2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2005 08:00 AM **DOCUMENT # 308302** Secretary of State Entity Name SUPERIOR STUDENT TRANSPORT INC Mailing Address Principal Place of Business 6647 NORTH ORANGE BLOSSOM TRAIL 6647 NORTH ORANGE BLOSSOM TRAIL P.O.BOX 607904 P.O.BOX 607904 ORLANDO FL 32860-4904 ORLANDO FL 32860-4904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1147351 Not Applicable Zip . Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZAFFRAN, DANIEL E. Street Address (P.O. Box Number is Not Acceptable) 6647 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32810 City 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 reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VSD THLE Change ☐ Addition TITLE ☐ Delete NAME ZAFFRAN, THEODORE NAME STREET ADDRESS 1225 PARK GREEN PLACE STREET ADDRESS U000000281465 WINTER PARK FL. CHY-SI-ZIP CITY-ST-ZIP '31/05-80003-014 150.00 PTD TITLE ☐ Delete TITLE Change Addition 🔲 ZAFFRAN, DANIEL E NAME NAME 2520 MOHAWK TR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL CHY-SI-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ፕነፕነ **ፑ** ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE □ 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 inclicated 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.

NG OFFICER OR DIRECTOR

SIGNATURE:

FILED

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