

61-25

## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 679519

1. Entity Name  
PARA-TRANSIT INC.



FILED

05 MAY -9 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
160 S. ROUTE 17 NORTH  
PARAMUS, NJ 07652

Mailing Address  
160 S. ROUTE 17 NORTH  
PARAMUS, NJ 07652

2. Principal Place of Business  
16691 US 19 North

3. Mailing Address  
16691 US 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Clearwater, FL

City & State  
Clearwater, FL

Zip 33764

Country USA

Zip 33764

Country USA

04042005

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3069839

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name  
Thomas Gahan

Street Address (P.O. Box Number is Not Acceptable)

16691 US 19 North

City  
Clearwater

FL

Zip Code  
33764

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

Thomas Gahan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
KINNEAR, ROSS  
160 S. ROUTE 17 NORTH  
PARAMUS, NJ 07652 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
KINNEAR, ROSS  
160 S. ROUTE 17 NORTH  
PARAMUS, NJ 07652 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
KINNEAR, ROSS  
160 S. ROUTE 17 NORTH  
PARAMUS, NJ 07652 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
KINNEAR, ROSS  
160 S. ROUTE 17 NORTH  
PARAMUS, NJ 07652 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BELL, LINDA  
ONE RIVERWAY STE 500  
HOUSTON, TX 77056 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T/C/S  
Cullan F. Meathe  
645 Griswold, Suite 2202  
Detroit, MI 48226 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/S  
Daniel Ret  
24957 Brest Road  
Taylor, MI 48180 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
100054691181  
05/17/05--01071--008 \*\*711.25

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
5/16

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:

Daniel Ret, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #