

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 679519

Entity Name: PARA-TRANSIT INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16691 US 19 NORTH  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

1635 MEATHE DRIVE  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 59-3069839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEATHE, CULLAN F  
1635 MEATHE DRIVE  
WEST PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TCS  
Name: MEATHE, CULLAN F  
Address: 1635 MEATHE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: PS  
Name: MEATHE, CULLAN F  
Address: 1635 MEATHE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: CEO  
Name: MEATHE, CULLAN F  
Address: 1635 MEATHE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CULLAN F. MEATHE

PS

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date