


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90045 006 ***150.00

DOCUMENT # F00000007155 1. Entity Name U.S. TRANSPORTATION SERVICES, INC.	
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Principal Place of Business 11606 US HIGHWAY 1 SEBASTIAN, FL 32958	Mailing Address 205 PENNBRIAR DRIVE ERIE, PA 16509
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2. Principal Place of Business - No P.O. Box # 8530 HWY ONE,	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. UNIT 3	Suite, Apt. #, etc.
City & State MILCO FL	City & State
Zip 32976	Country USA



03162007 Chg-P CR2E034 (12/06)

4. FEI Number 25-1760146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KUNEY, KELBY W 11606 US HWY 1 SEBASTIAN, FL 32958	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8530 HWY 1, UNIT 3 City MILCO FL Zip Code 32976	

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 transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODELLE, GARY 205 PENNBRIAR DRIVE ERIE, PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Miriam R Thomas

Miriam R Thomas 03/16/07

814 824 9949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Displaying Phone #