

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000005029**

1. Entity Name  
TRANSPORTATION PLUS, INC.



Principal Place of Business

2050 S. BAKER  
ONTARIO, CA 91761

Mailing Address

3233 GRAND AVE. #N390  
CHINO HILLS, CA 90719



04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-0401887

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANESTRALE, MARK  
2020 OLD DIXIE HWY SE, SUITE 3  
VERO BEACH, FL 32962

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CPT  
NAME CANESTRALE, MARK  
STREET ADDRESS 2020 OLD DIXIE HWY SE, SUITE 3  
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE DVP  
NAME CANESTRALE, TRACY  
STREET ADDRESS 2020 OLD DIXIE HWY SE, SUITE 3  
CITY-ST-ZIP VERO BEACH, FL 32962

TITLE S  
NAME PRESTON, AMANDA  
STREET ADDRESS 3233 GRAND AVE. #N390  
CITY-ST-ZIP CHINO HILLS, CA 90719

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000354657  
05/03/05-80117-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Amanda Preston* Amanda Preston

4/28/05

909-931-9075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #