

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 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



03132006 No Chg-P CR2E034 (11/05)

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

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

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

U00000472924
03/30/06-80014-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:

Amanda E. Preston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-06

Date

Daytime Phone #