## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000003788

44 EASTWOOD DR

SAINT JOSEPH, MO 64506

Address:

City-St-Zip:

FILED Mar 21, 2007 Secretary of State

Entity Nar	ne: HERZC	G TRANSIT SERVICES, INC.				
Current P	rincipal Plac	ce of Business:	New Principal Place of Business:			
9400 NW 3 MIAMI, FL						
Current Mailing Address:			New Mailing Address:			
P.O. BOX ST. JOSEF	1089 PH, MO 6450	02				
FEI Number:	43-1649412	FEI Number Applied For ( )	FEI Number Not App	icable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
1200 SOU	ORATION S TH PINE ISL ON, FL 3332	AND ROAD				
	named entity e of Florida.	$\gamma$ submits this statement for the $\wp$	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	onic Signature of Registered Age	ent	Date		
Election Car	npaign Financi	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	HERZOG, ST 4926 BRIAR\ ST. JOSEPH,	VOOD LANE MO 64506 ( ) Delete RMAN J TH AVE.	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	HERZOG, STA 3110 N. RIVER ST. JOSEPH, I V () JESTER, NOR 1100 PARK CI	RSIDE ROAD MO 64506 K) Change()Addition	
Title: Name: Address: City-St-Zip: Title:	VD (LANDESS, AL 600 S. RIVER ST. JOSEPH,	( ) Delete LAN L RSIDE ROAD	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition  ) Change ( ) Addition	
Name:	SCHMITZ, RO	. ,	Name:	,	, • • , · · · · · · · · · · · · · · · ·	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RONALD A. SCHMITZ VD 03/21/2007