

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90292 006 ***150.00

DOCUMENT # G21757

1. Entity Name
GULF CENTRAL TRANSPORTATION, INC.



Principal Place of Business

**4535 S DALE MABRY
TAMPA, FL 33611**

Mailing Address

**4535 S DALE MABRY
TAMPA, FL 33611**

DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3101272

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SAN MARTIN, JIMMY J
4535 S DALE MABRY
TAMPA, FL 33611**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SAN MARTIN, JIMMY
STREET ADDRESS 4535 SOUTH DALE MABRY HWY
CITY-ST-ZIP TAMPA, FL 33611

TITLE VD
NAME SAN MARTIN, LILY
STREET ADDRESS 4535 SOUTH DALE MABRY HWY
CITY-ST-ZIP TAMPA, FL 33611

TITLE T
NAME TERLIZZI, GINA
STREET ADDRESS 4535 SOUTH DALE MABRY HWY
CITY-ST-ZIP TAMPA, FL 33611

TITLE S
NAME KOSTO, MICHELLE
STREET ADDRESS 4535 SOUTH DALE MABRY HWY
CITY-ST-ZIP TAMPA, FL 33611

TITLE V
NAME LYLE, JOYCE A
STREET ADDRESS 4535 SOUTH DALE MABRY HWY
CITY-ST-ZIP TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/04

Daytime Phone #