

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90018 040 ***150.00

DOCUMENT # G85119

1. Entity Name
AAA ALL SERVICE TRANSPORTATION, INC.



Principal Place of Business

2323 HARBOR BLVD.
P. O. BOX 496452
PORT CHARLOTTE, FL 33949 US

Mailing Address

P. O. BOX 496452
PORT CHARLOTTE, FL 33952 US
33949-6452



03082004 No Chg-P- CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2486789	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

WILLIAM H. COWBURN
2323 HARBOR BLVD
PORT CHARLOTTE, FL 33952

**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 NAME STREET ADDRESS CITY-ST-ZIP	PT WILLIAM H. COWBURN 2323 HARBOR BLVD. PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PATRICIA COWBURN 2323 HARBOR BLVD PORT CHARLOTTE, FL
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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: William H. Cowburn William H. Cowburn 4-16-2004 (941) 627-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #