


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90026 001 ***150.00

DOCUMENT # J33038	
1. Entity Name SCHOOL BUS STOPS OF AMERICA OF LAKE COUNTY, INC.	

Principal Place of Business 3103 KURT STREET (ZIP - 32726) P.O. BOX 1776 EUSTIS, FL 32727-8776	Mailing Address 3103 KURT STREET (ZIP - 32726) P.O. BOX 1776 EUSTIS, FL 32727-8776
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94027300



2. Principal Place of Business 3151 Kurt Street (32726)	3. Mailing Address 3151 Kurt Street (32726)
Suite, Apt. #, etc. P O Box 1776	Suite, Apt. #, etc. P O Box 1776
City & State Eustis FL 32727	City & State Eustis FL 32727
Zip 32727	Country Lake

02152004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2715958	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SILAS, JOSEPH 2233 CYPRESS COVE DR. TAVARES, FL 32778	7. Name and Address of New Registered Agent Name Joseph Silas Street Address (P.O. Box Number is Not Acceptable) 2232 Cypress Cove Dr City Tavares State FL Zip Code 32778
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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 ☒ *Joseph Silas* DATE *3/7/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SILAS, JOSEPH 2233 CYPRESS COVE DR. TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Silas, Joseph 2232 Cypress Cove Dr Tavares FL 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERRY, R. RAY 1760 LAKE VILLA DR. TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Terry, R Ray 1760 Lake Villa Dr, Tavares FL 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Joseph Silas* DATE *3/28/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR