


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90038 020 ***150.00

DOCUMENT # J33038 1. Entity Name SCHOOL BUS STOPS OF AMERICA OF LAKE COUNTY, INC.					
Principal Place of Business 3151 KURT STREET (32726) P.O. BOX 1776 EUSTIS, FL 32727			Mailing Address 3151 KURT STREET (32726) P.O. BOX 1776 EUSTIS, FL 32727		
2. Principal Place of Business - No P.O. Box # 3151 Kurt Street Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1776 Suite, Apt. #, etc.			
City & State Eustis FL		City & State Eustis FL		4. FEI Number 59-2715958	
Zip 32726		Country Lake		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32727		Country Lake		6. Name and Address of Current Registered Agent SILAS, JOSEPH 2232 CYPRESS COVE DR. TAVARES, FL 32778	
7. Name and Address of New Registered Agent Name Silas Joseph Street Address (P.O. Box Number is Not Acceptable) 26709 Bella Vista Dr City Howey in the Hills FL		Zip Code 32727			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SILAS, JOSEPH 2232 CYPRESS COVE DR TAVARES, FL 32778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Silas, Joseph 26709 Bella Vista Dr Howey in the Hills FL 32727	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERRY, R. RAY 1760 LAKE VILLA DR. TAVARES, FL 32778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Terry, R. Ray 2219 Cypress Court Dr, Tavares FL 32728	
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 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: <u><i>Silas Joseph</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4/14/08</i></u> Daytime Phone # <u><i>352-516 2537</i></u>		