

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000002298

1. Entity Name
PROFESSIONAL TRANSIT ASSOCIATION, INC.



Principal Place of Business
**9673 SIBBALD RD
JACKSONVILLE, FL 32208**

Mailing Address
**9673 SIBBALD RD
JACKSONVILLE, FL 32208**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**RILEY, JAMES
5005 DALLIN LEA DR
JACKSONVILLE, FL 32208**

04082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3520941

Applied For
☐ Not Applicable

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

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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**400000122412
04/21/04-80027-025 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, JAMES 5005 DALLIN LEA DR JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GADD, CHARLES 3840 SPRINGFIELD BLVD JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, WALLACE 2486 W 23RD ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GADD, CHARLES 3840 SPRINGFIELD BLVD JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUNTER, AARON SR 4153 KATANGA DR NORTH JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOHN, THEODORE 6304 TURKNETT RD JACKSONVILLE, FL 32244

DO NOT WRITE 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 617, 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: *James Riley* **Apr. 20, 2004** **904 379-8686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #