


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90317 045 \*\*\*\*61.25

|   |  |                                 |   |   |  |
|---|--|---------------------------------|---|---|--|
| <b>DOCUMENT # N97000002298</b><br>1. Entity Name<br><b>PROFESSIONAL TRANSIT ASSOCIATION, INC.</b>   |  |                                 |   |                                  |  |
| Principal Place of Business<br><b>9673 SIBBALD RD<br/>JACKSONVILLE, FL 32208</b>  |  |                                 | Mailing Address<br><b>9673 SIBBALD RD<br/>JACKSONVILLE, FL 32208</b>                |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State  |  |                                 | City & State  |   |  |
| Zip   |  | Country                         |   | Zip   |  |
| Country   |  | Country                         |   | 4. FEI Number<br><b>59-3520941</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |                                 |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>RILEY, JAMES<br/>5005 DALLAN LEA DR<br/>JACKSONVILLE, FL 32208</b>  |  |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |  |                                 |   | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |                                 |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   |  |
| <b>\$5.00 May Be<br/>Added to Fees</b>  |  |                                 | <b>Make check payable to<br/>Florida Department of State</b>                        |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                        |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>RILEY, JAMES<br>5005 DALLAN LEA DR<br>JACKSONVILLE, FL 32208        | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>GADD, CHARLES<br>3840 SPRINGFIELD BLVD<br>JACKSONVILLE, FL 32206    | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>DAVIS, WALLACE<br>2486 W 23RD ST<br>JACKSONVILLE, FL 32209          | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>GADD, CHARLES<br>3840 SPRINGFIELD BLVD<br>JACKSONVILLE, FL 32206    | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>HUNTER, AARON SR<br>4153 KATANGA DR NORTH<br>JACKSONVILLE, FL 32209 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TRUSTEE<br>JEFFERSON, ALVIN<br>1072 SCRIVEN STREET<br>JACKSONVILLE, FL 32209<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>KOHN, THEODORE<br>6304 TURKNETT RD<br>JACKSONVILLE, FL 32244        | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SECRETARY<br>JOYNER, BARBARA<br>9673 SIBBALD ROAD<br>JACKSONVILLE, FL 32208<br><input checked="" 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)(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. |  |                                 |   |   |  |
| <b>SIGNATURE:</b> _____ <b>4-18-05</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |                                 |   |   |  |

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