


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 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
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04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3520941	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RILEY, JAMES 5005 DALLAN LEA DR JACKSONVILLE, FL 32208
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

UN0000553712
05/15/06-80062-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, JAMES 5005 DALLAN LEA DR JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GADD, CHARLES 3840 SPRINGFIELD BLVD JACKSONVILLE, FL 32206
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 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JEFFERSON, ALVIN 1072 SCRIVEN ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOYNER, BARBARA 9673 SIBBALD RD JACKSONVILLE, FL 32208

**DO NOT WRITE
IN THIS SPACE**

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 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 the empowered.

SIGNATURE: James Riley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06
Date

Daytime Phone #