

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90020 003 \*\*\*550.00

**DOCUMENT # P00000066621**

1. Entity Name  
**PRO SERVICE AUTO TRANSPORT, INC.**



Principal Place of Business  
**209 LAKE BREEZE CIRCLE  
LAKE MARY, FL 32746-6051**

Mailing Address  
**209 LAKE BREEZE CIRCLE  
LAKE MARY, FL 32746-6051**



2. Principal Place of Business  
**935 Shriver Cir**  
Suite, Apt. #, etc.

3. Mailing Address  
**935 Shriver Cir**  
Suite, Apt. #, etc.

07062006 Chg-P CR2E034 (11/05)

City & State  
**Lake Mary, FL**  
Zip  
**32746** Country  
**Seminole**

City & State  
**Lake Mary, FL**  
Zip  
**32746** Country  
**Seminole**

4. FEI Number  
**59-3659846** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MOSER, RAMON  
209 LAKE BREEZE CIRCLE  
LAKE MARY, FL 32746-6051**

**7. Name and Address of New Registered Agent**

Name **Moser, Ramon**

Street Address (P.O. Box Number is Not Acceptable) -

**935 Shriver Cir**

City **Lake Mary**

**FL**

Zip Code  
**32746**

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
MOSER, RAMON  
209 LAKE BREEZE CIRCLE  
LAKE MARY, FL 327466051** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
MOSER, BEATRIZ  
209 LAKE BREEZE CIRCLE  
LAKE MARY, FL 327466051** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
moser, Ramon  
935 Shriver Cir  
Lake Mary, FL 32746** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
moser, Beatriz  
935 Shriver Cir  
Lake Mary, FL 32746** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: **Beatriz Moser**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-6-06**  
Date

**(407)222-9006**  
Daytime Phone #