



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90525 030 \*\*\*150.00

<b>DOCUMENT # P00000098138</b> 1. Entity Name <b>A T BUS AND TRUCK, INC.</b>					
Principal Place of Business <b>AT BUS &amp; TRUCK</b> <b>9665 BODOMON RD</b> <b>ORLANDO, FL 32824</b>			Mailing Address <b>AT BUS &amp; TRUCK</b> <b>9665 BODOMON RD</b> <b>ORLANDO, FL 32824</b>		
2. Principal Place of Business <i>9572 Sydney Hayes Rd</i> Suite, Apt. #, etc. <i>Suite 102</i>		3. Mailing Address Suite, Apt. #, etc.  		<b>54041005</b> 	
City & State <i>Orlando Florida</i>		City & State  		4. FEI Number <b>59-3680370</b>	
Zip <b>32824</b>		Country  		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SABATER, ELSA L</b> <b>12219 LEPENO CT.</b> <b>9665 BODOMON RD</b> <b>ORLANDO, FL 32824</b>				7. Name and Address of New Registered Agent Name <i>Sabater, Elsa L</i> Street Address (P.O. Box Number is Not Acceptable) <i>9572 Sydney Hayes Rd Suite 102</i> City <i>Orlando</i> <b>FL</b> Zip Code <i>32824</i>	
8. The above named entity submits the 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 <i>[Signature]</i> <span style="float: right;">4-23-04</span> <small>Signature, typed or printed name of registered agent or authorized officer or director. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SABATER, ELSA L</b> STREET ADDRESS <b>12219 LEPERA CT.</b> CITY-ST-ZIP <b>ORLANDO, FL 32824</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment hereto, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <span style="float: right;">4/23/04 407-850-4245</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					