

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90052 029 ***158.75

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DOCUMENT # P01000015532 1. Entity Name TRANSPORTATION SERVICES OF VOLUSIA COUNTY, INC.					
Principal Place of Business 2024A GUAVA DRIVE EDGEWATER, FL 32141			Mailing Address 2024A GUAVA DRIVE EDGEWATER, FL 32141		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3699246	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIELE, SHARON 1965 FERN PALM DR EDGEWATER, FL 32141			Name Street Address (P.O. Box Number is Not Acceptable) 2709 WILLOW OAK DRIVE City EDGEWATER FL Zip Code 32141		
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 <i>Sharon Miele</i> <small>Signature typed or printed name of registered agent and title if applicable</small>			DATE 1-6-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIELE, JOIE		NAME		
STREET ADDRESS	1965 FERN PALM DR		STREET ADDRESS	2709 Willow Oak Dr.	
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	PTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIELE, SHARON		NAME		
STREET ADDRESS	1965 FERN PALM DR		STREET ADDRESS	2709 Willow Oak Dr.	
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP	Edgewater, FL. 32141	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 with an address, with all other like empowered.					
SIGNATURE: <i>Sharon Miele</i> (Sharon L. Miele) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 1-6-04 DAYTIME PHONE # (386) 423-0503		