

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90055 027 ***158.75

DOCUMENT # P01000027588					
1. Entity Name ABSOLUTE TRANSPORTATION SERVICES, INC.					
Principal Place of Business 190 BENT ARROW DR JUPITER, FL 33458			Mailing Address 190 BENT ARROW DR JUPITER, FL 33458		
2. Principal Place of Business 358 OAK AVE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 306 Suite, Apt. #, etc.			
City & State TEQUESTA, FL Zip 33469		City & State JUPITER, FL Zip 33468		4. FEI Number 65-1091486	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTRY, CLIFFORD W 190 BENT ARROW DR JUPITER, FL 33458			7. Name and Address of New Registered Agent Name 358 OAK AVE. TEQUESTA FL 33469		
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: CLIFFORD W. MONTRY 04/01/2005 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MONTRY, ANNETTE L 190 BENT ARROW DR JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 358 OAK AVE. TEQUESTA, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MONTRY CLIFFORD W 358 OAK AVE. TEQUESTA, FL 33469	
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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 with an address, with another name empowered. SIGNATURE: CLIFFORD W. MONTRY 04/01/05 1-888-698-1168 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					