

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P01000046459**

1. Entity Name  
PEQUA TRANSPORTATION SERVICES, INC.



Principal Place of Business  
7458 NATURE WALK DRIVE  
SPRING HILL, FL 34606

Mailing Address  
7458 NATURE WALK DRIVE  
SPRING HILL, FL 34606

**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1109049

Applied For  
Not Applicable

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

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

MARCHESE, JACK  
7458 NATURE WALK DRIVE  
SPRING HILL, FL 34606

**DO NOT WRITE  
IN THIS SPACE**

9. 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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

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  
PT  
MARCHESE, JACK  
7458 NATURE WALK DRIVE  
SPRING HILL, FL 34606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
MARCHESE, NICHOLAS  
7458 NATURE WALK DR.  
SPRING HILL, FL 34606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000087354  
03/15/04-80007-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

DATE

352-680-2482

Daytime Phone #