

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000051983

1. Entity Name
POWER TRANSPORTATION, INC.



Principal Place of Business

**717 JONES AVENUE
HAINES CITY, FL 33844**

Mailing Address

**717 JONES AVENUE
HAINES CITY, FL 33844**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3721395

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REILLY, FRED ESQ
95 SOUTH TENTH ST.
HAINES CITY, FL 33844**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000584952
01/12/07-20058-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHAUGHNESSY, RICHARD B
STREET ADDRESS	3611 E. HINSON AVE.
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	VP
NAME	GREEN, JOHN S
STREET ADDRESS	1103 SHADY COVE EAST
CITY-ST-ZIP	HAINES CITY, FL 33044
TITLE	S
NAME	SHAUGHNESSY, NICHOLAS B
STREET ADDRESS	2938 LAKE MARION WAY
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	T
NAME	SHAUGHNESSY, SANDRA L
STREET ADDRESS	3611 E. HINSON AVENUE
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: **Nick Shaughnessy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-07

Date

863-421-5625

Daytime Phone #