

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90152 030 ***150.00

DOCUMENT # P01000061019

1. Entity Name
SIGNATURE TRANSPORTATION, INC.



Principal Place of Business
**7411 SPRING VILLAS CIRCLE
ORLANDO, FL 32819**

Mailing Address
**7411 SPRING VILLAS CIRCLE
ORLANDO, FL 32819**

14010047

2. Principal Place of Business

3. Mailing Address

9759 PECKY Cypress Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182004

Chg-P

CR2E034 (10/03)

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3725671

Applied For

Not Applicable

Zip

32836

Country

Zip

32836

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAHA, FATIMA
7411 SPRING VILLAS CIRCLE
ORLANDO, FL 32819**

Name

ABDALLAH MOSSAID

Street Address (P.O. Box Number is Not Acceptable)

9759 Pecky Cypress Way

City

Orlando

FL

Zip Code

32836

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME **BAHA, FATIMA** ☒ Delete
STREET ADDRESS **7411 SPRING VILLAS CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE PD
NAME **ABDALLAH MOSSAID** ☐ Change ☒ Addition
STREET ADDRESS **9759 Pecky Cypress Way**
CITY-ST-ZIP **Orlando FL 32836**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

407-399-7542

Daytime Phone #