


2005  
~~2004~~ **FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

06-09-2005 90003 041 \*\*\*150.00

<b>DOCUMENT # P01000064006</b> 1. Entity Name <b>OUTSTANDING TRANSPORTATION SERVICES, INC.</b>					
Principal Place of Business <b>27350 HICKORY HILL ROAD BROOKSVILLE FL 34601</b>			Mailing Address <b>5006 TROUBLE CREEK ROAD, #128 C/O APT SERVICES, INC. NEW PORT RICHEY FL 34652</b>		
2. Principal Place of Business <b>9 Glades Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>9 Glades Circle</b> Suite, Apt. #, etc.			
City & State <b>Largo FL</b>		City & State <b>Largo Florida</b>		4. FEI Number <b>59-3725737</b>	
Zip <b>33771</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TESCHE, ANDREAS M 27350 HICKORY HILL ROAD BROOKSVILLE FL 34601</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9 Glades Circle</b> City <b>Largo</b>		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <b>5/1/05</b> DATE		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TESCHE, ANDREAS M 27350 HICKORY HILL ROAD BROOKSVILLE FL 34601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRABB, H.G. 5006 TROUBLE CREEK ROAD #128 NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/05**  
Date

Daytime Phone #