

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90025 003 ***158.75

DOCUMENT # P01000064596

1. Entity Name

ALL TOGETHER BUS LINE, INC.



Principal Place of Business

998 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

Mailing Address

998 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4932

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH FL

4. FEI Number

65-1119088

Applied For

Not Applicable

Zip

Country

Zip

33442

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

KORSIA, GUY
998 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
KORSIA, GUY
998 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Guy KORSIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-2007
Date

561 239 1929
Daytime Phone #