

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000005467

1. Entity Name
YOUR TRANSPORTATION OF CENTRAL FLORIDA, INC.



Principal Place of Business
**1821 SIMONTON AVENUE
ORLANDO, FL 32806**

Mailing Address
**1821 SIMONTON AVENUE
ORLANDO, FL 32806**



02032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0374018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WRIGHT, DENNIS
1821 SIMONTON AVENUE
ORLANDO, FL 32806**

**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**

**U000000629030
02/16/07-80040-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE P	<p>DO NOT WRITE IN THIS SPACE</p>
NAME WRIGHT, DENNIS	
STREET ADDRESS 1821 SIMONTON AVENUE	
CITY-ST-ZIP ORLANDO, FL 32806	
TITLE VST	
NAME WRIGHT, DEBBIE	
STREET ADDRESS 1821 SIMONTON AVE	
CITY-ST-ZIP ORLANDO, FL 32806	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Dennis M. Wright* **Dennis M. Wright**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 09, 2007 321-217-5597

Date

Daytime Phone #