

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90007 033 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 1624 Bay Lake Loop		3. Mailing Address 1624 Bay Lake Loop			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Groveland, FL		City & State Groveland, FL		4. FEI Number 03-0374018	
Zip 34736		Country LAKE		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		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 _____ 3/27/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME WRIGHT, DENNIS STREET ADDRESS 1821 SIMONTON AVENUE CITY-ST-ZIP ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE President NAME Dennis Wright STREET ADDRESS 1624 Bay Lake Loop CITY-ST-ZIP Groveland, FL 34736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VST NAME WRIGHT, DEBBIE STREET ADDRESS 1821 SIMONTON AVE CITY-ST-ZIP ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE Vice President NAME Debbie Wright STREET ADDRESS 1624 Bay Lake Loop CITY-ST-ZIP Groveland, FL 34736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			3/27/08 352-989-0852		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		