

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90009 040 ***150.00

DOCUMENT # P02000121953

1. Entity Name

CRESCENT TRANSPORTATION SERVICES, INC.



Principal Place of Business

418 OAK ST.
CRESCENT CITY FL 32112

Mailing Address

418 OAK ST.
CRESCENT CITY FL 32112

2. Principal Place of Business

CRESCENT CITY FL

3. Mailing Address

418 OAK ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRESCENT CITY FL

City & State

CRESCENT CITY FL

Zip

32112

Country

FLORIDA

Zip

32112

Country

FLORIDA

4. FEI Number

59-3726365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

SMITH, BERLENE M
418 OAK ST.
CRESCENT CITY FL 32112

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, 2005 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
SMITH, JAMES P
418 OAK ST.
CRESCENT CITY FL 32112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
SMITH, BERLENE
418 OAK ST.
CRESCENT CITY FL 32112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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:

James P. Smith (JAMES P. SMITH)

3-28-05

386-698-1430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #