
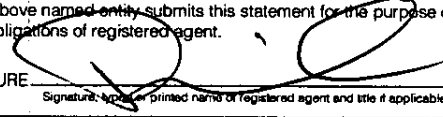



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90072 039 \*\*\*150.00

<b>DOCUMENT # P03000034633</b> 1. Entity Name <b>PRESTERA TRANSPORTATION, INC.</b>					
Principal Place of Business <b>304 EAST COLONIAL DRIVE ORLANDO, FL 32801</b>			Mailing Address <b>304 EAST COLONIAL DRIVE ORLANDO, FL 32801</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>54-2106380</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FULMER, PHILIP R 8000 CHERRY LAKE RD GROVELAND, FL 34736</b>				7. Name and Address of New Registered Agent Name <b>FULMER, PHILIP R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8000 CHERRY LAKE ROAD</b> City <b>GROVELAND</b> FL Zip Code <b>34736</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  <small>Signature: type or printed name of registered agent and title if applicable.</small>		Philip R. Fulmer 3/16/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FULMER, CARROLL L	NAME			
STREET ADDRESS	11050 AUTUMN LANE	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FULMER, BARBARA B	NAME			
STREET ADDRESS	11050 AUTUMN LANE	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FULMER, TIMOTHY A	NAME			
STREET ADDRESS	13045 SUGAR BLUFF ROAD	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TURNER, CYNTHIA F	NAME			
STREET ADDRESS	12928 LOOKINGBILL LANE	STREET ADDRESS			
CITY-ST-ZIP	ATHENS, AL 35611	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FULMER, PHILIP R	NAME			
STREET ADDRESS	8000 CHERRY LAKE ROAD	STREET ADDRESS			
CITY-ST-ZIP	GROVELAND, FL 34736	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FULMER, CARROLL A	NAME			
STREET ADDRESS	11810 OSPREY POINTE BLVD	STREET ADDRESS			
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP			
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: 		Philip R. Fulmer 3/16/05 (352) 429-5000 <small>Date Daytime Phone #</small>			