


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90407 019 \*\*\*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>
---	---

**50012558**

2. Principal Place of Business <b>8340 American Way</b>	3. Mailing Address <b>P.O. Box 5000</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01062006 Chg-P CR2E034 (11/05)

City & State <b>Groveland, Florida</b>	City & State <b>Groveland, Florida</b>
Zip <b>34736</b>	Country <b>USA</b>

4. FEI Number <b>54-2106380</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

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	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>FULMER, CARROLL L 11050 AUTUMN LANE CLERMONT, FL 34711</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>FULMER, BARBARA B 11050 AUTUMN LANE CLERMONT, FL 34711</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>FULMER, TIMOTHY A 13045 SUGAR BLUFF ROAD CLERMONT, FL 34711</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TURNER, CYNTHIA F 12928 LOOKINGBILL LANE ATHENS, AL 35611</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>FULMER, PHILIP R 8000 CHERRY LAKE ROAD GROVELAND, FL 34736</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>FULMER, CARROLL A 11610 OSPREY POINTE BLVD CLERMONT, FL 34711</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:** \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #