

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90018 016 ***158.75

DOCUMENT # P03000041566

1. Entity Name

NORTH CENTRAL FLORIDA TRANSPORTATION, INC.



Principal Place of Business

7769 NE CR 340
HIGH SPRINGS FL 32643

Mailing Address

7769 NE CR 340
HIGH SPRINGS FL 32643

03066373

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 345

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Zip

Country

City & State

HIGH SPRINGS, FL

Zip

32643 55

Country

4. FEI Number

42 158 5010

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOBLES, STEHEN C
7769 NE CR 340
HIGH SPRINGS FL 32643

7. Name and Address of New Registered Agent

Name

Rodger Dickey

Street Address (P.O. Box Number is Not Acceptable)

7769 NE CR 340

City

HIGH SPRINGS

FL

Zip Code

32643

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

Rodger Dickey President

3-24-04

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, 2004 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	PT	<input type="checkbox"/> Delete
NAME	NOBLES, IDA M	
STREET ADDRESS	7769 NE CR 340	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	VS	<input type="checkbox"/> Delete
NAME	NOBLES, STEHPEN C	
STREET ADDRESS	7769 NE CR 340	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLES, IDA M	
STREET ADDRESS	7769 NE CR 340	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODGER DICKEY	
STREET ADDRESS	7769 NE CR 340	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Rodger Dickey President

3-24-04

386 454 5255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #