

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90006 018 \*\*\*150.00

<b>DOCUMENT # P03000041770</b>	
1. Entity Name <b>ADVANCED QUALITY TRANSPORTATION SERVICE, INC.</b>	

Principal Place of Business <b>423 ELLIS STREET NORTH FORT MYERS, FL 33903</b>	Mailing Address <b>423 ELLIS STREET NORTH FORT MYERS, FL 33903 US</b>
---	--



2. Principal Place of Business <b>4008 Wholesale Ct.</b>	3. Mailing Address <b>4008 Wholesale Ct.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01082004 Chg-P CR2E034 (10/03)

City & State <b>N. Ft. Myers, FL</b>	City & State <b>N. Ft. Myers FL</b>	4. FEI Number <b>45-0510693</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33903</b>	Country <b>Lee</b>	Zip <b>33903</b>	Country <b>Lee</b>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>LITTEN-DONNA A 423 ELLIS STREET NORTH FORT MYERS, FL 33903</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>Secretary / Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LITTEN, DONNA A</b>		NAME <b>Markel, Adrian</b>	
STREET ADDRESS <b>423 ELLIS STREET</b>		STREET ADDRESS <b>305 SW 17th St.</b>	
CITY-ST-ZIP <b>NORTH FORT MYERS, FL 33903</b>		CITY-ST-ZIP <b>Cape Coral, FL 33991</b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b>CEO / Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b></b>		NAME <b>MAX E. Litten</b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b>423 Ellis St.</b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b>N. Ft Myers, FL 33903</b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	

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:** Donna A. Litten **Donna A. Litten** 1/8/04 239-656-0911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #