

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90294 018 ***150.00

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1. Entity Name

GIT-R-DONE TRANSPORTATION INC



Principal Place of Business

1389 N STACY STREET
WEST PALM BEACH FL 33417

Mailing Address

PO BOX 971754
MIAMI FL 33197



2. Principal Place of Business

14990 SW 199th ST

Suite, Apt. #, etc.

3. Mailing Address

PO Box 971177

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

20-1226091

Applied For

Not Applicable

Zip

33197

Country

DADE

Zip

33197

Country

DADE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANTELL, ROBERT
1389 N STACY STREET
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name Robert MANTELL
Street Address (P.O. Box Number is Not Acceptable)
14990 SW 199th ST
City Miami FL Zip Code 33197

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 reuniting)

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 P
NAME MANTELL, ROBERT
STREET ADDRESS PO BOX 971754
CITY-ST-ZIP MIAMI FL 33197 ☐ Delete

TITLE VP
NAME MANTELL, CINDY
STREET ADDRESS PO BOX 971754
CITY-ST-ZIP MIAMI FL 33197 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 ☐ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

Date

305-254-9353

Daytime Phone #