

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000130931

1. Entity Name
**THE FLORIDA INTERMODAL TRANSPORTATION
ASSOCIATION, INC.**



Principal Place of Business
**106 EAST COLLEGE AVENUE
SUITE 640
TALLAHASSEE, FL 32301**

Mailing Address
**106 EAST COLLEGE AVENUE
SUITE 640
TALLAHASSEE, FL 32301**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1572609

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHESTNUTT, KELLI S
106 EAST COLLEGE AVENUE
SUITE 640
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000386731
01/19/06-80011-007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SHARKEY, JEFFREY B
106 EAST COLLEGE AVENUE, SUITE 640
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JOHNSON, BILL
106 EAST COLLEGE AVENUE, SUITE 730
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HEGLER, TRACY
106 EAST COLLEGE AVENUE, SUITE 730
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
ARD, SAM
106 EAST COLLEGE AVENUE, SUITE 730
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
CUMBER, HUSEIN
106 EAST COLLEGE AVENUE, SUITE 730
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
LONG, JAMES
106 EAST COLLEGE AVENUE, SUITE 730
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/06

850-224-1660

Date

Daytime Phone #