

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90209 040 \*\*\*158.75

14006061



<b>DOCUMENT # P04000169443</b> 1. Entity Name <b>FRATERNITY TRANSPORTATION COMPANY</b>					
Principal Place of Business <b>2550 W. COLONIAL DRIVE SUITE 406 ORLANDO, FL 32804</b>			Mailing Address <b>2550 W. COLONIAL DRIVE SUITE 406 ORLANDO, FL 32804</b>		
2. Principal Place of Business <b>750 S. Orange Blossom Trl</b> Suite, Apt. #, etc. <b>226</b>		3. Mailing Address <b>750 S. Orange Blossom Trl</b> Suite, Apt. #, etc. <b>226</b>		04262005    Chg-P    CR2E034 (10/03)	
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>42-1654791</b>	
Zip <b>32805</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOCHARD, MARGRETH 2550 W. COLONIAL DRIVE SUITE 406 ORLANDO, FL 32804</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE P NAME CASSEUS, DIEUSSEUL STREET ADDRESS 2550 W. COLONIAL DRIVE, SUITE 406 CITY-ST-ZIP ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete		TITLE President NAME Damasc Brutus STREET ADDRESS 1706 Tillstream Dr CITY-ST-ZIP Orlando, FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME ANTOINE, JEAN ROTY STREET ADDRESS 2550 W. COLONIAL DRIVE, SUITE 406 CITY-ST-ZIP ORLANDO, FL 32804	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TREA NAME LUCKNER, VICTOR STREET ADDRESS 2550 W. COLONIAL DRIVE, SUITE 406 CITY-ST-ZIP ORLANDO, FL 32804	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC NAME LOCHARD, MARGRETH STREET ADDRESS 2550 W. COLONIAL DRIVE, SUITE 406 CITY-ST-ZIP ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <b>LUCKNER VICTOR</b> 4/26/05 (407) 617-8985 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					