

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90026 039 \*\*\*158.75

**DOCUMENT # P05000028353**

1. Entity Name

STINGRAY TRANSPORTATION, INC.



Principal Place of Business  
5500 A AIRPORT BLVD  
TAMPA FL 33634

Mailing Address  
P.O. BOX 260308  
TAMPA FL 33685



2. Principal Place of Business - No P.O. Box #

765 DUNBAR AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 260308

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

OLDSMAR, FL

City & State

TAMPA, FL

4. FEI Number

20-2288757

Applied For

Not Applicable

Zip

34677

Country

FLORIDA

Zip

260308

Country

HILLSBOROUGH

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, STEVEN J V.P.  
10416 TARPON SPRINGS ROAD  
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name RAYMOND J. HIGGINS - PRESIDENT

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

City OLDSMAR

FL

Zip Code

34677

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

4-30-07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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	D	<input type="checkbox"/> Delete
NAME	HIGGINS, RAYMOND	
STREET ADDRESS	5500 A AIRPORT BLVD	
CITY-STATE-ZIP	TAMPA FL 33634	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YOUNG, STEVEN J VP	
STREET ADDRESS	10416 TARPON SPRINGS ROAD	
CITY-STATE-ZIP	ODESSA FL 33556	
TITLE	S	<input type="checkbox"/> Delete
NAME	GREEN, ELAINE K SEC	
STREET ADDRESS	4526 BLOSSOM BLVD	
CITY-STATE-ZIP	ZEPHYRHILLS FL 33542	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Raymond Higgins

4-30-07

Date

813-323-4120

Daytime Phone #