2006 FOR PROFIT CORPORATION ANNUAL REPORT

3 4



FILED Jun 16, 2006 8:00 am Secretary of State

Seci
Sec
05-02

DOCUMENT # P05000146832 1. Entity Name COMMUNITY REHABILITATION CENTER TRANSPORTATION, INC.								05-02-200)6 9019 ₋	4 006 ***150	0.00		
Principal Place of Business				Mailing Address				θηνισμ					
623 BEECHWOOD STREET JACKSONVILLE, FL 32206				623 BEECHWOOD STREET Jacksonville, FL 32206									
2. Principal Place of Business 3. Mailing Address				lailing Address									
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			04272006		CI	R2E034 (11/05)			
City & State			C	City & State			4. FEI Numi 42 - 1	68384	9	 	pplied For ot Applicable		
Zip		Country	Zi	p	Coun	try	5. Certificat	e of Status Desi	red [38.75 Ad Fee Require			
	6. Name and Address of Current Registered Agent						7. Name an	d Address of N	sw Regist	ered Agent			
HICKS, JIMMIE P					Street Addres	ss (P.O. Box Num	per is Not Accep	otable)					
13407 ASHCROFT LANDING COURT JACKSONVILLE, FL 32225													
						City	· · · · · · · · · · · · · · · · · · ·			FL Zip Coo	le .		
8. The above	named entit	y submits this statement for	or the pu	rpose of changing its	d office or regis	stered agent, or b	oth, in the State	of Florida.	1	and accept			
the obliga	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 a	applicable. (NOTE	E: Registered	d Agent signsture requ	wed when reinstating)			DATE			
FILE NOWII! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees													
10.		OFFICERS AND	DIRECT		11.		ADDITIONS	/CHANGES TO	OFFICERS	AND DIRECTOR			
TITLE NAME	D Delete TILE HAME					E]				☐ Change	☐ Addition		
STREET ADDRESS City-St-Zip	S 1845 DAYTONA DRIVE SOUTH STREE					et address -st-zip							
TITLE	D			☐ Delete	TITLE					☐ Change	Addition		
NAME STREET ADORESS	TWIGGS, STANLEY 2292 NETTLE BROOK NORTH					ET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE, FL 32206 CTY-					-ST-ZIP							
TITLE NAME				Delete	TITLE NAME					☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZEP						et address -St-Zip							
TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Delete	TILE			 -		☐ Change	Addition		
NAME STREET ADDRESS					STREE	ET ADORESS							
CITY-ST-ZIP					_	-ST-ZIP							
TITLE NAME				Delete	TITLE NAME					Change	Addition		
STREET ADDRESS CITY-ST-ZIP					•	ET ADORESS ST-ZIP					}		
TITLE				☐ Delete	TITLE	1				☐ Change	Addition		
NAME STREET ADDRESS						ET ADORESS							
CITY-ST-ZIP		information	Abril for	118 · 6m	the exe	ST-ZIP	ed in Chanter 11	9 Florida Stone	es I futho	r certify that the t	formation		
12. Thereby certify that the information supplied with this filling 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 occurate 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 attachypin with an address, with all latter like empowered.													
SIGNATURE:													

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

Daytime Phone #