

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90014 049 ***150.00

DOCUMENT # P06000080158

1. Entity Name

AMEDITRANS, INCORPORATED



Principal Place of Business

PO BOX 494357
PORT CHARLOTTE FL 33949

Mailing Address

PO BOX 494357
PORT CHARLOTTE FL 33949

400942000



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

4075 Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Address

4075 Tamiami Trail

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

4. FEI Number

20-493 1601

Applied For

Not Applicable

Zip

33952

Country

Charlotte

Zip

33952

Country

Charlotte

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TESTASECCA, JAMES
13971 EAGLE RIDGE LAKES DRIVE, #201
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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: P ☐ Delete
NAME: MORENO, CHARLES B
STREET ADDRESS: 2534 STAGNARO ROAD
CITY- ST- ZIP: NORTH PORT FL 34287

TITLE: V ☐ Delete
NAME: KENOYER, RONALD G
STREET ADDRESS: 15260 BRIARCLIFF CIRCLE
CITY- ST- ZIP: FORT MYERS FL 33912

TITLE: O ☐ Delete
NAME: TESTASECCA, JAMES
STREET ADDRESS: 13971 EAGLE RIDGE LAKES DRIVE, #201
CITY- ST- ZIP: FORT MYERS FL 33912

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY- ST- ZIP:

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

James Testasecca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-07

Date

239-633-9130

Displaying Phone #