

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000105172

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** FAMILY AUTO TRANSPORTATION INC 2011

**Current Principal Place of Business:**

1144 OCOEE APOPKA RD  
101  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

1144 OCOEE APOPKA RD  
101  
APOPKA, FL 32703 US

**New Mailing Address:**

**FEI Number:** 45-4019024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRABTREE, MICHELE  
1144 OCOEE APOPKA RD  
101  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CRABTREE, MICHELE  
Address: 1144 OCOEE APOPKA RD  
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELE CRABTREE

PRES

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date