- 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2008 08:00 Al DOCUMENT # P93000088274 **Secretary of State** Entity Name RAPID TRANSIT SALES, INC. Mailing Address Principal Place of Business 3632 US HWY 92 3632 US HWY 92 SUITE 2 LAKELAND FL 33801 SUITE 2 LAKELAND FL 33801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEI Number 59-3231187 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERGOLA, JAMES L Street Address (P.O. Box Number is Not Acceptable) 3632 US HWY 92 SUITE 2 LAKELAND FL 33801 Zip Code City 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, typed or primed name of regit med agent and the Tapphosola. (NOTE: Registered Agent signature required when reinstituting FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 U00000865225 🗆 Change TITLE D Derete TITLE Addition 04/07/08-80020-007 150.00 PERGOLA, JAMES L NAME NAME STREET ADDRESS STREET ADDRESS 3632 US HWY 92 SUITE 2 City St-782 LAKELAND FL 33809 CITY-ST ZIP ☐ Change Addition TITLE ☐ Derete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP De ete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Derete Change ☐ Addition STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change Derete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Deiete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling 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: OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08

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