2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000039692



FILED Apr 19, 2004 8:00 am Secretary of State

1. Entity Nam	ne		•	6	1 12 3	04.10.20	•		
GREAT L	AKES TR	ANSPORTATION	INCORPORATED	(E)		04-19-20	004 90 38 0 04	9 ***150.00	
Principal Plac	e of Business		Mailing Address			1			
5100 W. COPANS RD. SUITE 910 MARGATE FL 33063			5100 W. COPANS RD. SUITE 910 - MARGATE FL 33063					**	
2. Principal F	Place of Busin	ess	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE		034 (11/03)	libbi II iebi		
City & State		City & State		4. FEI Number 65-0611375 Applied For		plied For t Applicable			
Zip		Country	Zip	Country		5. Certificate of Status I	Desired	\$8.75 Add	litional
6. Name and Address of Current F			nt Registered Agent			7. Name and Address of New Registered Agent			
· .			S	N	ame	a la tara de la		<u> </u>	
KIKOL, ROSE MARIE GREAT LAKES TRANSPORTATION INC 5100 WEST COPANS ROAD SUITE 910				Si	Street Address (P.O. Box Number is Not Acceptable)				
	RGATE FL		2011 = 310						
MANGATE LE 33003			С	ity	FL Zip Code				
	named entity		t for the purpose of changing it	s registered o	ffice or register	red agent, or both, in the S	tate of Florida. 1	am familiar with,	and accept
		3,54,45							i
SIGNATURE	Signature hyperd		ant and No if applicable. (NO	TE Danwing And	and aignosture required	d when repotation			
SIGNATURE	Signature, typed	or printed name of registered agr	ent and title if applicable. (NC	TE. Registered Age	ent signature required	d when reinstating)	DAI	ΓE	
SIGNATURE F Afte	Signature, typed ILE NOW!! r May 1, 200		0	TE. Ragistered Age	ent signature required		npaign Financing	\$5.0	O May Be
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thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.