

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000048277

1. Entity Name
EXCLUSIVE TRANSPORTATION CORP.



Principal Place of Business
**540 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**540 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714**



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3330704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GERJEL, ESQ, GREGORY P
540 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CALABRESE, EUGENE
STREET ADDRESS	540 DOUGLAS AVENUE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	P
NAME	CALABRESE, PAULA
STREET ADDRESS	540 DOUGLAS AVENUE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

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IN THIS SPACE**

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03/16/06-80046-008 150.00

12. I hereby certify that the information supplied with this filing 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 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: *Eugene Calabrese* **EUGENE CALABRESE 2-21-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone