


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000007002 1. Entity Name SAN TRANSPORTATION INC.	
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Principal Place of Business
**505 E CURLEW PL
TARPON SPRINGS, FL 34689**

Mailing Address
**505 E CURLEW PL
TARPON SPRINGS, FL 34689**



04242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3355173	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KUCZEK, FRANCISZEK
505 E CURLEW PL
TARPON SPRINGS, FL 34689**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUCZEK, FRANCISZEK 505 EAST CURLEW PLACE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUCZEK, ANNA 505 EAST CURLEW PLACE TARPON SPRINGS, FL 34689
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Franciszek Kuczek **FRANCISZEK KUCZEK** 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

tel. (727)
643-6108