

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P96000069012 1. Entity Name DEEP SOUTH TRANSPORT SERVICES, INC.	
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Principal Place of Business 982 THORPE RD ORLANDO, FL 32824 US	Mailing Address PO BOX 561205 ORLANDO, FL 32856-1205
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02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3399872	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FREITAS, CYNTHIA 982 THORPE RD ORLANDO, FL 32824
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking.) 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 NAME STREET ADDRESS CITY-ST-ZIP	P FREITAS, MANUEL JR. 982 THORPE RD ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREITAS, CYNTHIA A 982 THORPE RD ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREITAS, JAYME 982 THORPE RD ORLANDO, FL 32824
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02/16/06-80007-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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 807, 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: CYNTHIA A FREITAS 02-01-06 (407) 438-9844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #