

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 04, 2007 08:00 A  
Secretary of State

DOCUMENT # P97000016063

1. Entity Name  
AMERITRAN SERVICE CORP.



Principal Place of Business

830 EYRIE DR  
SUITE 1  
OVIDO, FL 32765

Mailing Address

5840 RED BUG LAKE ROAD  
SUITE 165  
WINTER SPRINGS, FL 32708



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3426841

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIGMAN, MARY GRACE  
5840 RED BUG LAKE ROAD  
SUITE 165  
WINTER SPRINGS, FL 32708

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00**, May Be  
Added to Fees

U00000688834  
04/11/07-80011-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIGMAN, MARY GRACE 5840 RED BUG LAKE RD, STE 165 WINTER SPRINGS, FL 32708
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/07

Date

407-977-4500

Daytime Phone #