

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000085146

1. Entity Name
CLEARWATER BUS TERMINAL, INC.



Principal Place of Business
2811 GULF TO BAY BLVD.
CLEARWATER, FL 33759

Mailing Address
2811 GULF TO BAY BLVD.
CLEARWATER, FL 33759



02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3344797

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRICE, ROBERT P
2811 GULF TO BAY BLVD.
CLEARWATER, FL 33759

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

Robert P. Trice

ROBERT P. TRICE

April 23, 2008

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000923182
05/16/08-80020-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRICE, ROBERT P
STREET ADDRESS	2811 GULF TO BAY BLVD.
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Robert P. Trice

ROBERT P. TRICE

April 23, 2008

727-
796-7315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #