

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000005375

FILED
Mar 23, 2004
Secretary of State

Entity Name: SASSY TRANSPORTATION, INC.

Current Principal Place of Business:

639 AVE F NW
#1
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

65 PERCH STREET
HAINES CITY, FL 33844 US

Current Mailing Address:

P.O. BOX 117
DUNDEE, FL 338380117 US

New Mailing Address:

FEI Number: 65-0806053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASSER, CARMEN L
65 PERCH
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SASSER, CARMEN L
Address: 65 PERLL ST
City-St-Zip: HAINES CITY, FL 33844

Title: ST () Delete
Name: GILMORE, CAROL
Address: 1452 LK HOWARD DR SW
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SASSER, CARMEN L
Address: 65 PERCH STREET
City-St-Zip: HAINES CITY, FL 33844

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN L. SASSER

PRES

03/23/2004

Electronic Signature of Signing Officer or Director

Date