

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000031089

1. Entity Name
JEC FLORIDA JITNEY & DOOR TO DOOR
TRANSPORTATION, INC.



Principal Place of Business
C/O LASELLAS CAMMOCK
1507 NW 10TH PL
FT LAUDERDALE, FL 33311

Mailing Address
C/O LASELLAS CAMMOCK
1507 NW 10TH PL
FT LAUDERDALE, FL 33311



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0822969

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMMOCK, LASELLAS
1507 NW 10TH PL
FT LAUDERDALE, FL 33311

**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 restateing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000030890
02/04/04-80128-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAMMOCK, LASELLAS
STREET ADDRESS	1507 NW 10TH PLACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	S
NAME	CAMMOCK, CLAUDINE
STREET ADDRESS	1507 NW 10TH PLACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	TD
NAME	CAMMOCK, BARBARA
STREET ADDRESS	1507 NW 10TH PLACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	D
NAME	CAMMOCK, ED-MARIE
STREET ADDRESS	1507 NW 10TH PLACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	SIMPSON, ALTHEA
STREET ADDRESS	2935 NW 5 AVE
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	D
NAME	DUNKLEY, DALE
STREET ADDRESS	1507 NW 10TH PLACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33311

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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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #