

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000033654**

1. Entity Name

**INTEGRATED TRANSPORTATION & LOGISTICS, INC.**



Principal Place of Business

**6026 JETPORT INDUSTRIAL BLVD  
TAMPA, FL 33634 US**

Mailing Address

**PO BOX 1891  
OLDSMAR, FL 34677 US**

**DO NOT WRITE IN THIS SPACE**



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-3504743**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BROIDA, JOEL D  
605 75TH AVE  
ST PETE BEACH, FL 33706**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CITRO, JOANN G
STREET ADDRESS	1552 HUNTLEIGH CT
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	V
NAME	CITRO, RONALD
STREET ADDRESS	PO BOX 1891
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	T
NAME	CITRO, ANA M
STREET ADDRESS	3176 ROXMERE DR
CITY-ST-ZIP	PALM HARBOR, FL 34685

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/04-80030-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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:** Jo Ann Citro **JO ANN CITRO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 (727)785-1757

Date

Daytime Phone #