


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000041998
 1. Entity Name
 STICE'S TRANSPORTATION COMPANY



Principal Place of Business: 104 PARKWOOD DR, ROYAL PALM BEACH, FL 33411
 Mailing Address: PO BOX 20983, WEST PALM BEACH, FL 33416

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0924597
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
 STICE, BEVOLYN J
 104 PARKWOOD DR
 ROYAL PALM BEACH, FL 33411

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	STICE, BEVOLYN J
STREET ADDRESS	104 PARKWOOD DR
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	V
NAME	STICE, ROGER F
STREET ADDRESS	104 PARK WOOD DR
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	T
NAME	STICE, LAUREN L
STREET ADDRESS	104 PARKWOOD DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	AVP
NAME	STICE, ROGER L
STREET ADDRESS	104 PARK WOOD DR
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	S
NAME	STICE, CHRISTINA N
STREET ADDRESS	104 PARK WOOD DR
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/09/04-80083-001 157.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Roger F. Stice (Roger F. Stice) Date: 3-29-04 Daytime Phone #: 561-662-1720