

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000062625

1. Entity Name

ROSE SESSALY TRANSIT, INC.



Principal Place of Business

1839 B- SOUTH MONROE ST
TALLAHASSEE, FL 32301

Mailing Address

1839 B- SOUTH MONROE ST
TALLAHASSEE, FL 32301

FILED

04 MAY 04 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05042004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3658432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STANLEY, KESSLA
8050 TALLEY ANN DR
TALLAHASSEE, FL 32311

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME STANLEY, WILBERT
STREET ADDRESS 1209 CLAY STREET
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE VP
NAME STANLEY, KESSLA
STREET ADDRESS 8050 TALLEY ANN DR
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

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**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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-04-04 850-222-8232

Date

Daytime Phone #