2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # V01491

1. Entity Name
GREATER PINELLAS TRANSPORTATION MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
7740 66TH ST N PINELLAS PARK, FL 33781 US	7740 66TH ST N PINELLAS PARK, FL 33781 US

01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3120661
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLD, AARON J
704 WEST BAY ST.
ST PETERSBURG, 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 _____ 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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	CAMBAS, NICHOLAS
STREET ADDRESS	704 W. BAY ST.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	DT
NAME	CAMBAS, CHRISTOPHER
STREET ADDRESS	704 W BAY ST
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	DS
NAME	JOHN, WILLIAMS
STREET ADDRESS	704 W. BAY STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	PD
NAME	WILLIAMS, GEORGE B JR
STREET ADDRESS	704 WEST BAY ST.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	ANDREW, WILLIAMS
STREET ADDRESS	704 WEST BAY ST.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/07-80117-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Nicholas A. Cambas 4.18.07 727 545-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #