


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # V01491		
1. Entity Name GREATER PINELLAS TRANSPORTATION MANAGEMENT SERVICES, INC.		
Principal Place of Business 13825 ICOT BLVD., SUITE 613 CLEARWATER, FL 33760 US		Mailing Address 13825 ICOT BLVD., SUITE 613 CLEARWATER, FL 33760 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOLD, AARON J 202 S. ROME AVENUE, SUITE 100 TAMPA, FL 33606		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000903003 04/30/08-80028-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAMBAS, NICHOLAS 704 W. BAY ST. TAMPA, FL 33606	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAMBAS, CHRISTOPHER 704 W BAY ST TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHN, WILLIAMS 704 W. BAY STREET TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, GEORGE B JR 704 WEST BAY ST. TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW, WILLIAMS 704 WEST BAY ST. TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 another like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-8-08 Daytime Phone # 727-545-1829