2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 341750

1. Entity Name
TRANS-MARKET SALES & EQUIPMENT, INC.

Principal Place of Business	Mailing Address
8915 MAISLIN DR, TAMPA, FL 33637 PO BOX 16651 TEMPLE TERRACE, FL 33687	PO BOX 16651 TEMPLE TERRACE, FL 33687 US

01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1289394
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANTI, KEITH
8915 MAISLIN DR.
TAMPA, FL 33637

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7. 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, 2006 Fee will be $550.00

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

U00000480932
04/11/06-80013-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SANTI, RYAN
STREET ADDRESS	18002 RICHMOND PL DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	ST
NAME	SANTI, KYLE
STREET ADDRESS	500 HARBOR PL DR
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	P
NAME	SANTI, KEITH
STREET ADDRESS	5308 BURCHETTE RD.
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Keith Santi KEITH SANTI 2-3-06 813-988-6146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #