

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000037886

**FILED**  
**Jul 01, 2005**  
**Secretary of State**

**Entity Name:** SOUTHEAST TRANSPORTATION MANAGEMENT, INC.

**Current Principal Place of Business:**

595 ASTON WOODS COURT  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 218  
ALTOONA, IA 50009

**New Mailing Address:**

FEI Number: 65-0486192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VRASPIR, TODD W  
PAPY & WEISSENBORN, P.A., ONE URBAN CENTER  
SUITE 335, 4830 WEST KENNEDY BOULEVARD  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FRANZEN, DENIS J  
Address: 595 ASTON WOODS COURT  
City-St-Zip: VENICE, FL 34293

Title: VPST ( ) Delete  
Name: FRANZEN, LINDA M  
Address: 595 ASTON WOODS COURT  
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete  
Name: FRANZEN, LINDA M  
Address: 595 ASTON WOODS COURT  
City-St-Zip: VENICE, FL 34293

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA FRANZEN

VP

07/01/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date