

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000034101

1. Entity Name  
TRANSCEND, INC.



Principal Place of Business  
4243 NORTHLAKE BOULEVARD  
SUITE D  
PALM BEACH GARDENS, FL 33410 US

Mailing Address  
4243 NORTHLAKE BOULEVARD  
SUITE D  
PALM BEACH GARDENS, FL 33410 US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**FILED**  
05 APR 14 PM 5:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
S05091900761  
03/29/05 90013 038 \$158.75



04072005 Chg-P CR2E034 (10/03)

4. FEI Number  
20-0844964  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BAROT, DILIP  
4243 NORTHLAKE BOULEVARD  
SUITE D  
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ALLERD C			NAME			
STREET ADDRESS	1903 BERRY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NACOGDOCHES, TX 75964			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROCCO, MATTHEW F			NAME			
STREET ADDRESS	1903 BERRY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NACOGDOCHES, TX 75964			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUMAR, ASHOK			NAME			
STREET ADDRESS	1903 BERRY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NACOGDOCHES, TX 75964			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAKKAR, YASH PAL			NAME			
STREET ADDRESS	4243-D NORTHLAKE BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Yash Pal Kakkar, Treasurer 4/08/05 (561) 627-7988  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #