


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07 2004 08:00 AM
Secretary of State

DOCUMENT # 503739 1. Entity Name TRANSPORTATION CONTROL SYSTEMS INC.	
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Principal Place of Business 1030 S 86TH STREET TAMPA FL 33619	Mailing Address 1030 S 86TH STREET TAMPA FL 33619
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.	City & State City & State				
Zip Country	Zip Country	4. FEI Number 59-1673144 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table>	Applied For	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Applied For	<input type="checkbox"/>					
Not Applicable	<input type="checkbox"/>					



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

GILLIS, JOHN TYLER
 1030 S 86TH STREET
 TAMPA FL 33619

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILLIS, JOHN TYLER 909 3RD ST. EAST PALMETTO FL 34221	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILLIS, PATRICIA ANN 909 3RD ST. EAST PALMETTO FL 34221	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIS, PATRICIA ANN 909 3RD ST. EAST PALMETTO FL 34221	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000039367 02/09/04-80003-007 150.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patricia Ann Gillis* **PATRICIA ANN GILLIS** 2/3/04 941-722-2316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #