


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90037 039 ***150.00

DOCUMENT # 503739

1. Entity Name
TRANSPORTATION CONTROL SYSTEMS INC.



Principal Place of Business Mailing Address
1030 S 86TH STREET **1030 S 86TH STREET**
TAMPA FL 33619 **TAMPA FL 33619**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1673144 Not Applicable

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



1st MOORE CR2E034 (10/04)

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, 2005 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLIS, STEVE TYLER	
STREET ADDRESS	2918 W. TAMBAY	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLIS, JOHN SCOTT	
STREET ADDRESS	1030 S. 86TH ST	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Patricia A. Gillis* PATRICIA A. GILLIS 2/8/05 941-722-2316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #