


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 570464	
1. Entity Name TRANSPORT LEASING SYSTEMS, INC.	

Principal Place of Business 115 APPALOOSA TRAIL P. O. BOX 300115 RIVER RANCH, FL 33867	Mailing Address P.O. BOX 390 BRANFORD, CT 06405
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DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-0967503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KING, DONALD J 115 APPALOOSA TRAIL RIVER RANCH, FL 33867

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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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KING, DONALD J. 9 SUMMER ISLAND RD. EXT. BRANFORD, CT 06405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWMAN, PATRICIA 380 DURHAM ROAD GUILFORD, CT 06437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, MARGARET 9 SUMMER ISLAND RD EXT BRANFORD, CT 06405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/20/04-80004-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 	Date: 7-13-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	