


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90463 036 ***150.00

DOCUMENT # F00000002665 1. Entity Name TRANSPORTATION SPECIALISTS INSURANCE AGENCY, INC.	
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Principal Place of Business 1104 COUNTRY HILLS DRIVE OGDEN, UT 84403	Mailing Address 1104 COUNTRY HILLS DRIVE OGDEN, UT 84403
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DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number 87-0439091	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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGH, JAGJIT 1104 COUNTRY HILL DR. OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALDEZ, TIM 1104 COUNTRY HILLS DR. OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S3 CONKLIN, JOHN 1104 COUNTRY HILLS DR. OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, MARK L 1104 COUNTRY HILLS DR. OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, J. PHILLIP 1104 COUNTRY HILLS DR. OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **John M. Conklin** **4/4/05** **801-624-4873**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #