


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90035 035 ***158.75

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| DOCUMENT # F95000003686 | | | |  | |
| 1. Entity Name THE TRANSED INSTITUTE, INC. | | | | | |
| Principal Place of Business 7552 NAVARRE PKWY. # 20 NAVARRE, FL 32566 | | | Mailing Address 7552 NAVARRE PKWY. # 20 NAVARRE, FL 32566 | | |
| 2. Principal Place of Business - No P.O. Box # 22 COLORADO AVE. | | 3. Mailing Address 22 COLORADO AVE. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State PLATTSBURGH, NY | | City & State PLATTSBURGH, NY | | 4. FEI Number 22-2690731 | |
| Zip 12903 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 12903 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent TIMBERLAKE, GERE 7552 NAVARRE PKWY. # 20 NAVARRE, FL 32566 | | | 7. Name and Address of New Registered Agent Name KATHRYN KELLY Street Address (P.O. Box Number is Not Acceptable) 1777 JOYBROOK RD. City NAVARRE FL Zip Code 32566 | | |
| 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 <u>Kathryn Kelly</u> KATHRYN KELLY May 13, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 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. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PCEO TIMBERLAKE, GERE 7552 NAVAREE PKWY 20 NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT / CEO LAFAYETTE TURNER II 22 COLORADO AVENUE PLATTSBURGH, NY 12903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Lafayette Turner II</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 5.13.2008 518-563-5781 ext 210 <small>Date Daytime Phone #</small> | | |