

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90016 045 \*\*\*158.75

<b>DOCUMENT # G60193</b> 1. Entity Name <b>TRANS CONTAINAIRE, INC.</b>			
Principal Place of Business <del>800 TARPON WOODS BLVD</del> <del>43</del> <del>PALM HARBOR, FL 34065</del>		Mailing Address <del>800 TARPON WOODS BLVD</del> <del>43</del> <del>PALM HARBOR, FL 34065</del>	
2. Principal Place of Business <b>3829 Darston Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>3829 Darston Street</b> Suite, Apt. #, etc.	
City & State <b>Palm Harbor, FL</b>		City & State <b>Palm Harbor FL</b>	
Zip <b>34685</b>		Zip <b>34685</b>	
Country		Country	
4. FEI Number <b>59-2329596</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NIXON, MARILYN A</b> <b>3829 DARSTON ST</b> <b>PALM HARBOR, FL 34685</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>INMAN, ROBERT J.</b> <b>4428 WORTHINGTON CIRCLE</b> <b>PALM HARBOR, FL 34685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NIXON, MARILYN A.</b> <b>3829 DARSTON STREET</b> <b>PALM HARBOR, FL 34685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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.			
<b>SIGNATURE:</b> 		Date <b>7/9/04</b> Daytime Phone # <b>1-800-321-0566</b>	