2004 FOR PROFIT CORPORATION

FILED Apr 07, 2004 08:00 AM Secretary of State ANNUAL REPORT -DOCUMENT # H29472 TRANS-EQUITY, INC. Principal Place of Business Mailing Address % CHARLES S. BONAMER 3124 ARGYLE RD % CHARLES S. BONAMER 3124 ARGYLE RD VENICE, FL 34293-3506 VENICE, FL 34293-3506 04042004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2460585 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BONAMER, CHARLES S DO NOT WRITE 3124 ARGYLE RD VENICE, FL 34293 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be П U00000105389 Trust Fund Contribution. Added to Fees <u>04/07/04-80024-005 150.00</u> 10. OFFICERS AND DIRECTORS TITLE BONAMER, CHARLES \$ NAME STREET ADDRESS 3124 ARGYLE RD CITY-ST-ZIE VENICE, FL TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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)(f), 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: IGNING OFFICER OR DIRECTOR

THILE NAME STREET ADDRESS CITY-ST-ZIP