


Apr 02
Sec

DOCUMENT # H79361		
1. Entity Name TRANSPORTATION PLANNERS - ENGINEERS, INC.		

Principal Place of Business % WARD M. KOUTNIK 6620 SOUTHPT.DR.SOUTHPT. BLDG. STE. 120 JACKSONVILLE, FL 32216	Mailing Address % WARD M. KOUTNIK 6620 SOUTHPT.DR.SOUTHPT. BLDG. STE. 120 JACKSONVILLE, FL 32216
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03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2599622	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KOUTNIK, WARD M.
6620 SOUTHPOINT DRIVE SOUTH
SOUTHPOINT BUILDING, SUITE 102
JACKSONVILLE, FL 32216

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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 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	CDMS KOUTNIK, JOYCE W 6620 SOUTHPOINT DR., S. SUITE 120 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT KOUTNIK, WARD M. 6620 SOUTHPOINT DR. S., SUITE 120 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V OEHLMAN, WAYNE L 11649 MANDARIN TERRACE RD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JORDAN, TRACY K 10779 CROSSWICKS RD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/02/05-80035-013 158.75

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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)(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: Joyce W. Koutnik Joyce W. Koutnik 3/31/05 904-296-1734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____