


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 A
Secretary of State

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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02122007 No Chg-P CR2E034 (11/05)

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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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 terminating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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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03/02/07-80065-004 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *Joyce W. Koutnik* - **Joyce W. Koutnik** **CEO** **2/21/07** **(904)296-1734**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #