


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90003 018 ***558.75

DOCUMENT # H94273 1. Entity Name TRANSPORTATION PLANNING SERVICES, INC.																											
Principal Place of Business 8614 SW 1ST AVE. GAINESVILLE, FL 32607-1498 US		Mailing Address 8614 SW 1ST AVE. GAINESVILLE, FL 32607-1498 US																									
2. Principal Place of Business 1900 S. OCEAN BLVD. Suite, Apt. #, etc. SUITE 5E City & State POMPANO BCH FL Zip 33062 Country BROWARD		3. Mailing Address 1900 S. OCEAN BLVD. Suite, Apt. #, etc. SUITE 5E City & State POMPANO BCH Zip 33062 Country BROWARD																									
4. FEI Number 59-2651051		Applied For: <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BROWN, MICHAEL B 8614 SW 1ST AVE. GAINESVILLE, FL 32607 1900 S. OCEAN BLVD. SUITE 5E POMPANO BCH, FL 33062		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <u><i>Michael Brown</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u><i>July 5, 2004</i></u>																											
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">PDST</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BROWN, MICHAEL B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8614 SW 1ST AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32607</td> <td></td> </tr> </table>		TITLE	PDST	<input type="checkbox"/> Delete	NAME	BROWN, MICHAEL B		STREET ADDRESS	8614 SW 1ST AVE.		CITY-ST-ZIP	GAINESVILLE, FL 32607		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">1900 S. OCEAN BLVD, SUITE 5E</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>POMPANO BCH, FL 33062</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	1900 S. OCEAN BLVD, SUITE 5E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	POMPANO BCH, FL 33062		STREET ADDRESS			CITY-ST-ZIP		
TITLE	PDST	<input type="checkbox"/> Delete																									
NAME	BROWN, MICHAEL B																										
STREET ADDRESS	8614 SW 1ST AVE.																										
CITY-ST-ZIP	GAINESVILLE, FL 32607																										
TITLE	1900 S. OCEAN BLVD, SUITE 5E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	POMPANO BCH, FL 33062																										
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP																									
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)(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.																											
SIGNATURE: <u><i>Michael Brown</i></u> <u><i>July 5, 2004</i></u> (954) 782-8550 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											

54060833



07012004 Chg-P CR2E034 (10/03)