

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L62567

Entity Name

TRANSIT SAFETY CONSULTING SERVICES, INC.

Principal Place of Business

%ALBERT W. HARTKORN  
1390 OCEAN DR #202  
MIAMI BEACH, FL 33139

Mailing Address

%ALBERT W. HARTKORN  
1390 OCEAN DR #202  
MIAMI BEACH, FL 33139

FILED

04 JAN 15 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0653499

Applied For  
Not Applicable

5. Certificate of Status Desired

Yes

\$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HARTKORN, ALBERT W.  
1390 OCEAN DR #202  
MIAMI BEACH, FL 33139

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP HARTKORN, ALBERT W. 1390 OCEAN DR #202 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV FEATHERSTON, VALERIE K. 310 1/2 E 5TH AVE ROME, GA
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DST HARTKORN, CHRISTENE 1390 OCEAN DR. #202 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

600027381306  
01/22/04--01013--026 \*\*158.75

**DO NOT WRITE  
IN THIS SPACE**

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: *Albert W. Hartkorn* Albert W. Hartkorn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-04

305-538-4026