## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # P00000042980

Entity Name

TRANSPORTATION PLANNING GROUP, INC.



FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business

3909 SOUTEL DRIVE JACKSONVILLE, FL 32208 Mailing Address 3909 SOUTEL DRIVE JACKSONVILLE, FL 32208



01052004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-3646881

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURNEY, CALVIN L SR. 5626 INTERNATIONAL DR. JACKSONVILLE, FL 32219

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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 Signature: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rematasing)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD BURNEY, CALVIN L SR. 5626 INTERNATIONAL DR. JACKSONVILLE, FL 32219				
TIFLE NAME STREET AODRESS CITY-ST-ZIP	STD BURNEY, BETTY S 5626 INTERNATIONAL DR. JACKSONVILLE, FL 32219				
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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.					