

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000097629

Entity Name: TRANSFLOR, INC.

FILED
Feb 12, 2008
Secretary of State

Current Principal Place of Business:

6331 MEMORIAL HWY
TAMPA, FL 33615

New Principal Place of Business:

8127 BAY DRIVE
TAMPA, FL 33635

Current Mailing Address:

PO BOX 260292
TAMPA, FL 336850292

New Mailing Address:

FEI Number: 59-3677886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PISTORIUS, BRANDO H
8127 BAY DRIVE
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PISTORIUS, BRANDO H
Address: 8127 BAY DRIVE
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: PISTORIUS, JOANNE E
Address: 8127 BAY DRIVE
City-St-Zip: TAMPA, FL 33635

Title: PRES () Delete
Name: PISTORIUS, BRANDO H
Address: 8127 BAY DRIVE
City-St-Zip: TAMPA, FL 33635

Title: VP () Delete
Name: PISTORIUS, JOANNE E
Address: 8127 BAY DRIVE
City-St-Zip: TAMPA, FL 33635

Title: SEC () Delete
Name: PISTORIUS, BRANDO H
Address: 8127 BAY DRIVE
City-St-Zip: TAMPA, FL 33635

Title: TRES () Delete
Name: PISTORIUS, JOANNE E
Address: 8127 BAY DRIVE
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE PISTORIUS

VP

02/12/2008

Electronic Signature of Signing Officer or Director

Date