


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90013 039 ***150.00

DOCUMENT # P01000067352					
1. Entity Name TRAN'S ENTERPRISES, INC.					
Principal Place of Business 1700 S SAN PABLO ROAD # 505 JACKSONVILLE, FL 32224			Mailing Address 1700 S SAN PABLO ROAD # 505 JACKSONVILLE, FL 32224		
2. Principal Place of Business 4568 SHILOH MILL BLVD Suite, Apt. #, etc. JACKSONVILLE, FL		3. Mailing Address 4568 SHILOH MILL BLVD Suite, Apt. #, etc.			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-3730186	
Zip 32246		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 32246		City & State JACKSONVILLE FL		Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent TRAN, DAN H 1700 S. SAN PABLO RD. #505 1315 JACKSONVILLE, FL 32224			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAN, DAN 1700 S. SAN PABLO RD. #505 JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAN, DAN 4568 SHILOH MILL BLVD. JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TRAN, LING 1700 S. SAN PABLO RD., #505 JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TRAN, LING 4568 SHILOH MILL BLVD JACKSONVILLE, FL 32246	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____			Date: 4/5/06		Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					