2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092821

MARTIN, MICHAEL C

VENICE, FL 34292

1143 SLEEPY HOLLOW CT

Name:

Address:

City-St-Zip:

Entity Name: TRANSAM DOCUMENT SHREDDING INC

FILED Apr 22, 2004 Secretary of State

| | 110/110/ | W BOOGWEITT OF ITEBBITO | , 1140. | | |
|---|--|--------------------------------------|--|--------------------------------------|--|
| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
| 594 OAK BAY DR OSPREY, FL 34229 | | | 4563 MARIOTTI CT. 101 SARASOTA, FL 34233 | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 594 OAK E OSPREY, | BAY DR FL 34229 | | 4563 MARIOTTI CT. 101 SARASOTA, FL 34229 | | |
| FEI Number | : 80-0005285 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of (| Current Registered Agent: | Name and Address of New Registered Agent: | | |
| The above | e named entity e of Florida. | JS submits this statement for the | purpose of changing its registered o | office or registered agent, or both, | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | D (MAY, MICHAEI 594 OAK BAY OSPREY, FL | OR | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | BLAKE, RICHA 5864 TIDEWO | DD AVE | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title [.] | D (|) Delete | Title: (| Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL G. MAY VP 04/22/2004