


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90011 001 ***150.00
07-19-2006 90011 002 *****8.75

DOCUMENT # P02000016684	
1. Entity Name TRANSCOUR TRANSPORTATION SERVICE INC.	

Principal Place of Business 311 HAVELOCK ST. ORLANDO, FL 32824	Mailing Address 311 HAVELOCK ST. ORLANDO, FL 32824
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 771345 Suite, Apt. #, etc.
City & State	City & State ORLANDO, FLORIDA
Zip	Country U.S.A.

66021948

07132006 Chg-P CR2E034 (11/05)

4. FEI Number 06-1673505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHISHOLM, COURTNEY 311 HAVELOCK STREET ORLANDO, FL 32824	
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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHISHOLM, COURTNEY 311 HAVELOCK ST. ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/06 **(407) 294-1159**
Date Daytime Phone #