


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000037343</b>	
<b>1. Entity Name</b> TRANS GLOBAL AIRWAYS, INC	

<b>Principal Place of Business</b> 561 PEARL HARBOR DR DAYTONA BEACH FL 32114	<b>Mailing Address</b> 561 PEARL HARBOR DR DAYTONA BEACH FL 32114
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

<b>4. FEI Number</b> 59-3201248	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	
FULLER, DAVID D JR 4475 US 1 SOUTH SUITE 100 SAINT AUGUSTINE FL 32086	

<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title. Indicate date) **DATE** \_\_\_\_\_ (NOTE: Registered Agent Signature required when registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>* 158.75</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD	<input type="checkbox"/> Delete <b>NAME</b> EDWARDS, SPENCE J <b>STREET ADDRESS</b> 561 PEARL HARBOR DR <b>CITY-ST-ZIP</b> DAYTONA BEACH FL 32114	<b>TITLE</b> 000000861272	<input type="checkbox"/> Change <input type="checkbox"/> Addition 04/03/08-80002-016 158.75
<b>TITLE</b> VD	<input type="checkbox"/> Delete <b>NAME</b> TRUSSELL, RICHARD T <b>STREET ADDRESS</b> 561 PEARL HARBOR DR <b>CITY-ST-ZIP</b> DAYTONA BEACH FL 32114	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP	<input type="checkbox"/> Delete <b>NAME</b> RESLAN, GHASSAN M <b>STREET ADDRESS</b> 561 PEARL HARBOR DR <b>CITY-ST-ZIP</b> DAYTONA BEACH FL 32114	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<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 Section 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** Keith D. Russell **VICE PRES / FINANCE** **2/6/08** **800-868-4359 x2304**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #