

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000058502

1. Entity Name  
TRANS RX, INC.



Principal Place of Business  
3827 ROLLING CIRCLE  
VALRICO, FL 33594

Mailing Address  
3827 ROLLING CIRCLE  
VALRICO, FL 33594



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
73-1644033

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANSKY, GLEN R  
337 E. ROBERTSON STREET  
BRANDON, FL 33511

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SCHRIMSHER, RENEE M  
STREET ADDRESS 3827 ROLLING CIRCLE  
CITY-ST-ZIP VALRICO, FL 33594

TITLE D  
NAME M. COLLEEN FIELD  
STREET ADDRESS 3827 ROLLING CIRCLE  
CITY-ST-ZIP VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000800655  
01/29/05-80037-000 150.00

U00000211924  
02/03/05-80009-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

*M. Colleen Field* M. COLLEEN FIELD PRESIDENT

Date

Daytime Phone #

1/20/05 813-653-370