

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90098 042 \*\*\*150.00

**DOCUMENT # P03000015209**

1. Entity Name  
TRANSACTIONAL SERVICES, INC.



Principal Place of Business  
807 RIVERS COURT  
ORLANDO, FL 32828

Mailing Address  
807 RIVERS COURT  
ORLANDO, FL 32828

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

Chg-P

CR2E034 (11/05)

4. FEI Number  
04-3750689

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASSERMAN, BRIAN  
807 RIVERS COURT  
ORLANDO, FL 32828

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 if applicable.

(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. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME WASSERMAN, BRIAN  
STREET ADDRESS 807 RIVERS COURT  
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WASSERMAN, LYNN  
STREET ADDRESS 807 RIVERS COURT  
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME TOMPKINS, PAUL  
STREET ADDRESS 650 POYDRAS STREET - SUITE 1425  
CITY-ST-ZIP NEW ORLEANS, LA 70130

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GOODALL, RICHARD  
STREET ADDRESS 7940 CASTLE PINE AVENUE  
CITY-ST-ZIP LAS VEGAS, NV 89113

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME AYRES, RYAN  
STREET ADDRESS 1031 WATERSIDE LANE  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Brian Wasserman* **Brian WASSERMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-678-5886 #22