

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90537 021 ***150.00

DOCUMENT # P03000139237

1. Entity Name
TRAN'S MANAGEMENT INC.



Principal Place of Business
19243 DALE MABRY HWY N
LUTZ, FL 33548 US

Mailing Address
539 N. MILLS AVE.
ORLANDO, FL 32803 US



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0426576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRAN, LY *CHau Tran*
4717 CRESSON CT.
TAMPA, FL 33624 *4715 ASHTON CT*
please delete Tampa, FL. 33624.

**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 re-registering) 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	P
NAME	TRAN, LY <i>please delete</i>
STREET ADDRESS	4717 CRESSON CT.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	V
NAME	TRAN, CHAU <i>4715 ASHTON CT</i>
STREET ADDRESS	4717 CRESSON CT.
CITY-ST-ZIP	TAMPA, FL 33624 <i>Tampa, FL. 33624</i>
TITLE	V
NAME	TRAN, CUONG UNG <i>CT</i>
STREET ADDRESS	4717 CRESSON CT. <i>3627 Morgan Bluff</i>
CITY-ST-ZIP	TAMPA, FL 33624 <i>Land O Lake 34639</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *CHAU TRAN* *4-28-05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #