


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000040364	
1. Entity Name TRANSPORTATION POLICY CONSULTANT, INC.	

Principal Place of Business 8511 BULL HEADLEY RD STE 405 TALLAHASSEE, FL 32312	Mailing Address 8511 BULL HEADLEY RD STE 405 TALLAHASSEE, FL 32312
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DO NOT WRITE IN THIS SPACE



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0908137	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAM, BILL 8511 BULL HEADLEY RD STE 405 TALLAHASSEE, FL 32312
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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 \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAM, BILL 8511 BULL HEADLEY RD STE 405 TALLAHASSEE, FL 32312
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07/07/06-80017-011 550.00

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: Bill Ham **Bill HAM** 27/3/06 850-668-7401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #