


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90014 028 \*\*\*150.00

<b>DOCUMENT # P04000040364</b>	
1. Entity Name <b>TRANSPORTATION POLICY CONSULTANT, INC.</b>	

Principal Place of Business <b>8511 BULL HEADLEY RD STE 405 TALLAHASSEE, FL 32312</b>	Mailing Address <b>8511 BULL HEADLEY RD STE 405 TALLAHASSEE, FL 32312</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>2312 Haverhill Rd</b>	3. Mailing Address <b>2312 Haverhill Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TALLAHASSEE FLORIDA</b>	City & State <b>TALLAHASSEE, FLORIDA</b>
Zip <b>32312</b>	Country <b>U.S.</b>
Zip <b>32312</b>	Country <b>U.S.</b>

01212007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-0908137</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>HAM, BILL 8511 BULL HEADLEY RD STE 405 TALLAHASSEE, FL 32312</b>	7. Name and Address of New Registered Agent Name: <b>BILL HAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>2312 HAVERHILL RD.</b> City: <b>TALLAHASSEE</b> <b>FL</b> Zip Code: <b>32312</b>
--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAM, BILL 8511 BULL HEADLEY RD STE 405 TALLAHASSEE, FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HAM, BILL 2312 HAVERHILL ROAD TALLAHASSEE, FL 32312</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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:**  **1-21-07** **850-617-3125**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #