



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90156 033 \*\*\*150.00

<b>DOCUMENT # P05000001408</b> 1. Entity Name <b>TRANSPORTATION MANAGEMENT SERVICES OF PINELLAS COUNTY, INC.</b>																																			
Principal Place of Business <b>7740 66TH ST PINELLAS PARK, FL 33781</b>				Mailing Address <b>7740 66TH ST PINELLAS PARK, FL 33781</b>																															
2. Principal Place of Business - No P.O. Box # <b>13825 Icot Blvd.</b>		3. Mailing Address <b>13825 Icot Blvd.</b>		  04142008    Chg-P    CR2E034 (12/06)																															
Suite, Apt. #, etc. <b>Suite 613</b>		Suite, Apt. #, etc. <b>Suite 613</b>																																	
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>																																	
Zip <b>33760</b>		Zip <b>33760</b>																																	
4. FEI Number <b>20-4318388</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																															
6. Name and Address of Current Registered Agent <b>HENDRIX, DAVID S 201 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D    <input type="checkbox"/> Delete</td> <td style="width:30%;">TITLE</td> <td style="width:10%;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CAMBAS, NICHOLAS A</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16117A U.S. 19 NORTH</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33764</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CAMBAS, NICHOLAS A	NAME		STREET ADDRESS	16117A U.S. 19 NORTH	STREET ADDRESS		CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP															
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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.																																			
<b>SIGNATURE:</b> _____ <b>Nicholas Cambas</b> <b>4/14/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>																																			