

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90020 008 ***150.00

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01052007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000069522 1. Entity Name TRANS JET EQUIPMENT, INC.					
Principal Place of Business 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114			Mailing Address 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 11-3754652 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 GRAGG, K. LAWRENCE 200 S BISCAYNE BLVD STE 4900 MIAMI, FL 33131	
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P FERRAO, AUBREY J 3470 CLUB CENTER BLVD NAPLES, FL 34114	<input type="checkbox"/> Delete Pres-D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DINARDO, ANTHONY 3470 CLUB CNTR BLVD NAPLES, FL 34114	<input type="checkbox"/> Delete 8156 Fiddler's Creek Parkway Naples, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PARISI, JOSEPH L 3470 CLUB CNTR BLVD NAPLES, FL 34114	<input type="checkbox"/> Delete 8156 Fiddler's Creek Parkway Naples, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Joseph Livio Parisi		Date 2/1/07 (239) 732-9400 <small>Daytime Phone #</small>			