

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

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**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3754652

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

00000000000000000000
04/28/08-80044-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERRAO, AUBREY J
STREET ADDRESS	8156 FIDDLER'S CREEK PKWY
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	VPD
NAME	DINARDO, ANTHONY
STREET ADDRESS	8156 FIDDLER'S CREEK PKWY
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	TD
NAME	PARISI, JOSEPH L
STREET ADDRESS	8156 FIDDLER'S CREEK PKWY
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08 (239) 732-9400

Date

Daytime Phone #

Joseph Livio Parisi, as Director