

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000156175

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** TRANSGOV CONSULTING, INC.

**Current Principal Place of Business:**

1235 N GULFSTREAM AVE.  
#1  
SARASOTA, FL 34236

**New Principal Place of Business:**

3550 ESPLANADE WAY  
5117  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

1235 N GULFSTREAM AVE.  
#1  
SARASOTA, FL 34236

**New Mailing Address:**

3550 ESPLANADE WAY  
5117  
TALLAHASSEE, FL 32311

**FEI Number:** 20-3863578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOVILL, W. BARTLETT  
1605 MAIN STREET  
SUITE 912  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** O  
**Name:** BITER, RICHARD  
**Address:** 3550 ESPLANADE WAY, APT. 5117  
**City-St-Zip:** TALLAHASSEE, FL 32311

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** RICHARD BITER

MR

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date