

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P06000012123**

1. Entity Name  
**TRANSJET PROPERTIES, INC.**



Principal Place of Business  
**3470 CLUB CENTER BLVD  
NAPLES, FL 34114**

Mailing Address  
**3470 CLUB CENTER BLVD  
NAPLES, FL 34114**



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **20-4238566** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WOODWARD, MARK M JR  
3200 TAMiami TRAIL NORTH, SUITE 200  
NAPLES, FL 34103**

**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 \_\_\_\_\_ (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**


U00000899575  
04/23/08-80044-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRAO, AUBREY 8156 FIDDLER'S CREEK PKWY NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DINARDO, ANTHONY 8156 FIDDLER'S CREEK PKWY NAPLES, FL 34114
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**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