

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90054 027 ***150.00

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1. Entity Name
TR TRANSPORTATION CONSULTANTS, INC.



Principal Place of Business
12622 GEMSTONE CT.
FT. MYERS, FL 33913

Mailing Address
12622 GEMSTONE CT.
FT. MYERS, FL 33913

40023630



2. Principal Place of Business - No P.O. Box
13881 Plantation Ro.
Suite, Apt. #, etc. 11

3. Mailing Address
13881 Plantation Ro.
Suite, Apt. #, etc. 11

01082007 Chg-P CR2E034 (12/06)

City & State Ft. Myers FL
Zip 33912 Country US

City & State Ft. Myers FL
Zip 33912 Country US

4. FEI Number
20-4606460

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITESMAN, GUY E
1715 MONROE ST.
FT. MYERS, FL 33901

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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDST ☐ Delete
NAME TREESH, TED B
STREET ADDRESS 12622 GEMSTONE CT.
CITY-ST-ZIP FT. MYERS, FL 33913

TITLE DV ☐ Delete
NAME FELLOWS, REID C
STREET ADDRESS 12622 GEMSTONE CT.
CITY-ST-ZIP FT. MYERS, FL 33913

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9400 Ivy Brook Run, #103
CITY-ST-ZIP Ft. Myers, FL 33913

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

1/8/07

239 292 6746