

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90023 007 \*\*\*158.75

**DOCUMENT # P07000006199**

1. Entity Name

TRANSPRENTAL, INC



Principal Place of Business

971 9TH ST.  
WINTER GARDEN FL 34787

Mailing Address

971 9TH ST.  
WINTER GARDEN FL 34787



2. Principal Place of Business - No P.O. Box #

971 9TH STREET

Suite, Apt. #, etc.

3. Mailing Address

971 9TH STREET

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

WINTER GARDEN, FL.

City & State

WINTER GARDEN, FL.

4. FEI Number

20-822-31-32

Applied For

Not Applicable

Zip

34787

Country

ORANGE

Zip

34787

Country

ORANGE

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, ROBERT L  
445 DANIELS POINTE DR.  
WINTER GARDEN FL 34787

Name

WILLIAM "BILLY" SNOW PAYNE IV

Street Address (P.O. Box Number is Not Acceptable)

241 REGAL DOWNS CIRCLE

WINTER GARDEN

City

FL

Zip Code

34787

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 WILLIAM "BILLY" SNOW PAYNE IV VP - William Snow Payne IV

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when rechartering)

DATE

3/26/08

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State.**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME ARNOLD, ROBERT L  
STREET ADDRESS 445 DANIELS POINTE DR.  
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE VP ☒ Delete  
NAME ARNOLD, DEBORAH A  
STREET ADDRESS 445 DANIELS POINTE DR.  
CITY-ST-ZIP WINTER GARDEN FL 34787

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

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

TITLE SEC. / TREAS. ☒ Change ☐ Addition  
NAME ARNOLD, DEBORAH A.  
STREET ADDRESS 445 DANIELS POINTE DR.  
CITY-ST-ZIP WINTER GARDEN, FL. 34787

TITLE VP ☐ Change ☒ Addition  
NAME WILLIAM "BILLY" SNOW PAYNE IV  
STREET ADDRESS 241 REGAL DOWNS CIRCLE  
CITY-ST-ZIP WINTER GARDEN, FL. 34787

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 Section 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

DEBORAH A. ARNOLD

3/26/08 (407) 592-4237

Date

Display Filing #