

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90566 016 ***158.75

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1. Entity Name
TRANSPORTATION STRUCTURES, INC.



Principal Place of Business
7860 PROFESSIONAL PLACE
TAMPA, FL 33637 US

Mailing Address
P. O. BOX 1014
TAMPA, FL 33601-1014 US

20036385



01122005 No Chg-P. CR2E034 (10/03)

4. FEI Number
59-3188733

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STANLEY, MICHAEL K
7860 PROFESSIONAL PLACE
TAMPA, FL 33637

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME STANLEY, MICHAEL K
STREET ADDRESS 7860 PROFESSIONAL PLACE
CITY-ST-ZIP TAMPA, FL 33637

TITLE ST
NAME STANLEY, GERALD H JR.
STREET ADDRESS 7860 PROFESSIONAL PLACE
CITY-ST-ZIP TAMPA, FL 33637

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #