

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90297 032 \*\*\*150.00

**DOCUMENT # P94000010018**

1. Entity Name

THE TRANSITION TEAM, INC.



Principal Place of Business

9111 CROSS PARK DRIVE  
SUITE A-250  
KNOXVILLE TN 37923  
US

Mailing Address

9111 CROSS PARK DRIVE  
SUITE A-250  
KNOXVILLE TN 37923  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number

59-3224567

Applied For

Not Applicable

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

CASESA, PHILIP A  
4832 GREEN CROFT ROAD  
SARASOTA FL 34235

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, 2004 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	PD	<input type="checkbox"/> Delete
NAME	TRUZA, DONALD R	
STREET ADDRESS	12126 BUTTERNUT CIR	
CITY-ST-ZIP	KNOXVILLE TN 37922	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CASESA, PHILIP A	
STREET ADDRESS	4832 GREEN CROFT RD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRUZA, ROBERTA	
STREET ADDRESS	12126 BUTTERNUT CIR	
CITY-ST-ZIP	KNOXVILLE TN 37922	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, ALAN D	
STREET ADDRESS	12160 BROOKSTONE DRIVE	
CITY-ST-ZIP	KNOXVILLE TN 37922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Alan D. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 865-694-3848  
Date Daytime Phone #