

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90071 027 ***150.00

DOCUMENT # P95000067566 1. Entity Name TRANSPORTATION SERVICES CONSULTING, INC.			
Principal Place of Business 1923 SOUTH CREEK BOULEVARD DAYTONA BEACH, FL 32124		Mailing Address 1923 SOUTH CREEK BOULEVARD DAYTONA BEACH, FL 32124	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <u>Port Orange, FL</u>		City & State <u>Port Orange, FL</u>	
Zip <u>32128</u>		Zip <u>32128</u>	
4. FEI Number 59-3333442		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOHLER, CHARLES A 1923 S. CREEK BLVD DAYTONA BCH, FL 32124		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>Port Orange</u> FL Zip Code <u>32128</u>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KOHLER, CHARLES A 1923 SOUTH CREEK BOULEVARD DAYTONA BEACH, FL 32124	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Charles A. Kohler</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
CHARLES A. KOHLER		Date <u>4/19/04</u> Daytime Phone # <u>(386) 756-4445</u>	