2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000027304

1. Entity Name

TRANSPORT BULLETINS, INC.



FILED Jan 07, 2008 08:00 AN Secretary of State

Principal Place of Business

2917 NO. CHANDLER DR. HERNANDO, FL 34442 US Mailing Address

2917 NO. CHANDLER DR. HERNANDO, FL 34442



DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3374464

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HICKS, CHARLES H 2917 NO. CHANDLER DR. HERNANDO, FL 34442

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) OATE					
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS		-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKS, CHARLES H 2917 NO. CHANDLER DR HERNANDO, FL 34442				U00000774579 01/07/08-80020-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ì		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE

12. I nereby 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

AIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

12108

352.637-6262

Date

Daytime Phone #