


2005 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P96000070242		
1. Entity Name TRAN-STAR EXECUTIVE TRANSPORTATION SERVICES OF FLORIDA, INC.		

FILED
05 MAY -9 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04042005 Chg-P CR2E034 (10/03)

Principal Place of Business 2045 LAWSON ROAD CLEARWATER, FL 34623 US	Mailing Address 160 S. ROUTE 17 NORTH PARAMUS, NJ 07652 US
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2. Principal Place of Business 16991 US 19 North	3. Mailing Address 16991 US 19 North
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Clearwater, FL	City & State Clearwater, FL
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Zip 33764	Country USA	Zip 33764	Country USA
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4. FEI Number 59-3397460	Applied For <input type="checkbox"/> Not Applicable
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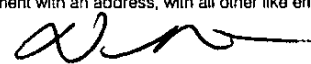
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Thomas Gahan Street Address (P.O. Box Number is Not Acceptable) 16991 US 19 North City Clearwater FL Zip Code 33764
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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 	Thomas Gahan DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KINNEAR, ROSS 160 S. ROUTE 17 NORTH PARAMUS, NJ 07652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/C/D Cullan F. Meathe 645 Griswold, Suite 2202 Detroit, MI 48226 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Daniel Ret 24957 Brest Road Taylor, MI 48180 <input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300054691163 05/17/05--01071--008 **711.25 <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

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: 	Daniel Ret, President Date Daytime Phone #