

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000009554

1. Entity Name
TRANSAMERICA CAPITAL CORPORATION



Principal Place of Business
3801 PGA BLVD
STE 806
PALM BEACH GARDENS, FL 33410

Mailing Address
P.O. BOX 30633
PALM BEACH GARDENS, FL 33420-0633

FILED

04 APR 16 PM 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1112095

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

MILLER, DONALD
3801 PGA BLVD
806
PALM BEACH GARDENS, FL 33410

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

4-14-04

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLER, DONALD W
3801 PGA BLVD 806
PALM BEACH GARDENS, FL 33420

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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DO NOT WRITE
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

4-14-04

Date

561-266
7000

Daytime Phone #