

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P97000057228

1. Entity Name
TRANEX, INC.



Principal Place of Business
**3665 BEE RIDGE RD., STE. 310
SARASOTA, FL 34233**

Mailing Address
**3665 BEE RIDGE RD., STE. 310
SARASOTA, FL 34233**



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0766733

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCSWEENEY, ANINA C
3665 BEE RIDGE RD., STE. 310
SARASOTA, FL 34233**

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000852732
03/25/08-80041-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MCSWEENEY, ANINA C
STREET ADDRESS	3665 BEE RIDGE RD, 310,
CITY-ST-ZIP	SARASOTA, FL 34223
TITLE	VS
NAME	THOMAS, DORA MARIA C
STREET ADDRESS	3665 BEE RIDGE RD, 310
CITY-ST-ZIP	ARASOTA, FL 34233
TITLE	VT
NAME	CARRION, J R
STREET ADDRESS	3665 BEE RIDGE RD, 310
CITY-ST-ZIP	SARASSOTA, FL 34233
TITLE	P
NAME	HARRISON.M JR, C.W.
STREET ADDRESS	5385 SE TAYLOR AVE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-07-08