2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90123 014 ***158.75

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1. Entity Name
TRANSLIGHT CORP.

Principal Place of Business	Mailing Address
~~9850-2 SAN JOSE BLVD~~ ~~JACKSONVILLE, FL~~ 32257	~~9850-2 SAN JOSE BLVD~~ ~~JACKSONVILLE, FL 32257~~

2. Principal Place of Business		3. Mailing Address	
ONE SAN JOSE PLACE		ONE SAN JOSE PLACE	
Suite, Apt. #, etc. SUITE 33		Suite, Apt. #, etc. SUITE 33	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32257	Country USA	Zip 32257	Country USA

01192006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3459082 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUNT, RICHARD A VP
~~9850-2 SANJOSE BLVD~~.
JA~~CKSONVILLE, FL 3~~2257

7. Name and Address of New Registered Agent

Name HUNT, RICHARD A VP
Street Address (P.O. Box Number is Not Acceptable) ONE SAN JOSE PLACE
SUITE 33
City JACKSONVILLE FL Zip Code 32257

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD KOESTER, GEORGE 9855 BEAUCLERC TERR. JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDST HUNT, RICHARD 9132 MORNINGTON DR. JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] JAN 19 2006 9042880070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #