

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000018599

1. Entity Name
TRANSPRO GROUP, INC.



Principal Place of Business
907 ORANGE HILL ROAD
CHIPLEY, FL 32428

Mailing Address
907 ORANGE HILL ROAD
CHIPLEY, FL 32428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3494630

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VICKERY, GERALD
907 ORANGE HILL RD. L
CHIPLEY, FL 32428

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME VICKERY, GERALD
STREET ADDRESS 1488 RUDD ROAD
CITY-ST-ZIP COTTONDALE, FL 32431

TITLE D ☒ Delete
NAME TEW, LARRY
STREET ADDRESS 1316 LOVEWOOD ROAD
CITY-ST-ZIP COTTONDALE, FL 32431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200045607002
CITY-ST-ZIP 01/28/05--01051--004 **193.75

TITLE D ☐ Change ☒ Addition
NAME Joyce Vickery
STREET ADDRESS 1488 Rudd Road
CITY-ST-ZIP Cottondale, FL 32431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, when an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald Vickery

01/26/2005

850-638-2590

Date

Daytime Phone #

FILED

05 JAN 28 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

