

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90035 016 \*\*\*150.00

**DOCUMENT # P98000052975**

1. Entity Name  
**TRANSPORT BODY & MAINTENANCE INC.**



Principal Place of Business  
**4008 E COLUMBUS DR  
TAMPA, FL 33605**

Mailing Address  
**4008 EAST COLUMBUS DR.  
TAMPA, FL 33605**

**54013430**



2. Principal Place of Business  
**4101 E. 12<sup>TH</sup> AVE**  
Suite, Apt. #, etc.  
**D-1**

3. Mailing Address  
**4101 E. 12<sup>TH</sup> AVE**  
Suite, Apt. #, etc.  
**D-1**

02102004 Chg-P CR2E034 (10/03)

City & State  
**Tampa FL**  
Zip  
**33605** Country  
**Hills**

City & State  
**Tampa FL**  
Zip  
**33605** Country  
**Hills**

4. FEI Number  
**59-3518914** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BURKE, BOBBY  
4008 EAST COLUMBUS DRIVE  
TAMPA, FL 33605**

7. Name and Address of New Registered Agent

Name  
**BOBBY BURKE**  
Street Address (P.O. Box Number is Not Acceptable)  
**4602 BROWNWOOD CT**  
City  
**Tampa, FL** Zip Code  
**33624**

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 *Bobby E. Burke*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*2/10/04*  
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	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>BURKE, BOBBY E</b>	
CITY-ST-ZIP	<b>4602 BROWNWOOD COURT TAMPA, FL 33624</b>	
TITLE NAME	<b>T</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>BURKE, BILL</b>	
CITY-ST-ZIP	<b>4008 E COLUMBUS DR TAMPA, FL 33605</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 with an address, with all other like empowered.

SIGNATURE:

*Bobby E. Burke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/10/04* *813 620 4000*  
Date Daytime Phone #