

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90002 043 \*\*\*158.75

DOCUMENT # P98000082029

1. Entity Name  
TRANSPORT SYSTEMS, INC.



Principal Place of Business  
4134 GULF OF MEXICO DR  
SUITE 205  
LONGBOAT KEY, FL 34228

Mailing Address  
4134 GULF OF MEXICO DR  
SUITE 205  
LONGBOAT KEY, FL 34228

10101000



07172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0868021 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

AUSTIN, SHERRY L  
~~633 SOUTH POLK DRIVE~~ 549 St. Judes Dr.  
~~SARASOTA, FL 34236~~ Longboat Key, FL 34228

**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 Robert Austin R. Austin 8/29/06  
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**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME AUSTIN, ROBERT  
STREET ADDRESS ~~7014 SANDALWOOD WAY~~  
CITY-ST-ZIP ~~SARASOTA, FL 34231~~

TITLE D  
NAME AUSTIN, SHERRY L  
STREET ADDRESS ~~7014 SANDALWOOD WAY~~  
CITY-ST-ZIP ~~SARASOTA, FL 34231~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/29/06 387-0711