

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000052531

1. Entity Name
TRANS - SCRIBE PROFESSIONAL SERVICES, INC.



Principal Place of Business
**6019 GOLF VILLAS DR.
BOYNTON BEACH, FL 33437**

Mailing Address
**6019 GOLF VILLAS DR.
BOYNTON BEACH, FL 33437**



02292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0936635

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KATZ, BURT
6019 GOLF VILLAS DR.
BOYNTON BEACH, FL 33437**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

UC0000102592

04/05/04-80022-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KATZ, BURT
STREET ADDRESS	6019 GOLF VILLAS DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	S
NAME	KATZ, ANNETTE
STREET ADDRESS	6019 GOLF VILLAS DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/01/04