

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # S08369**

1. Entity Name

TRANS-ALL OF ORLANDO, INC.



Principal Place of Business

7160 EDGEWATER DR.  
ORLANDO, FL 32810

Mailing Address

7160 EDGEWATER DR.  
ORLANDO, FL 32810



04242008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3033096

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**

DUPUIS, DAVID R.  
7160 EDGEWATER DR.  
ORLANDO, FL 32810

**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)

1000000941033

05/28/08-80090-021 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
DUPUIS, DAVID R.  
7160 EDGEWATER DR.  
ORLANDO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MR  
DUPUIS, DENNIS  
7160 EDGEWATER DR  
ORLANDO, FL 32810

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #