


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # V72363 1. Entity Name TRANSOM CORP.	
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Principal Place of Business ONE PARK PLACE 621 NW 53RD ST. 620 BOCA RATON, FL 33487	Mailing Address ONE PARK PLACE 621 NW 53RD ST. 620 BOCA RATON, FL 33487
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01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0366376	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEWITT, MICHAEL ONE PARK PLACE 621 NW 53RD ST STE 620 BOCA RATON, FL 33482
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	000000215377 02/05/05-80006-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGEL, MARCIE JILL ONE PARK PLACE 621 NW 53RD ST., STE 620 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWITT, MICHAEL E. ONE PARK PLACE 621 NW 53RD STREET STE 620 BOCA RATON, FL
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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 # _____