


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000002348
 1. Entity Name
 TSP FOUR, INC.



Principal Place of Business Mailing Address
 1112 WEST AVENUE NORTH 1112 WEST AVENUE NORTH
 SIOUX FALLS, SD 57104 SIOUX FALLS, SD 57104

DO NOT WRITE IN THIS SPACE

Florida Dept of State



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 46-0349300	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GUSTAF, RICHARD C 1112 WEST AVENUE NORTH SIOUX FALLS, SD 57104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LARSON, MEREDITH L 1112 WEST AVENUE NORTH SIOUX FALLS, SD 57104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JAMISON, MICHAEL J 1112 WEST AVENUE NORTH SIOUX FALLS, SD 57104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LARSEN, KENT E 1112 WEST AVE N SIOUX FALLS, SD 57104
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: *Michael Jamison* 2-23-05 605-336-1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #