2006,FOR PROFIT CORPORATION * ANNUAL REPORT

DOCUMENT # G25755 1. Entity Name

TECHNICAL MANAGEMENT SERVICES,



FILED

Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90263 014 ***150.00

Principal Place of Business

CITY-SI-ZIP

INCORPORATED

Mailing Address

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10575 BRESLER CT HOMOSASSA, FL 34487		5455 S. SUNCOAST BLVD PMB #4 Homosassa, Fl 34446-2068			 	ARTH RING LEGAL BROKEN	Il gibii bibii bibii	B 11 G 1 1 1	(111) 1111	
2. Principal Place of Business 10609 Bresler Ct.		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03012006	Chg-P	CR2E03	4 (11/05)			
City & State Homosassa, FL		City & State			4. FEI Number Applied For 59-2263673 Not Applicable					
Zip 34448	Country	Zip	Country		5. Certificate	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New R	Registered Ag	ent		
			N	tame					-	
DON'S PHARMACY 7655 WEST GULF TO LAKE HWY. PO BOX 1018 CRYSTAL RIVER, FL 32629			s	treet Addres	ss (P.O. Box Numbe	er is Not Acceptable	e)			
ONTOTAL	7.77 02020		С	ity			FL.	Zip Code	Ð	
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 ag	ent and title if applicable. (NOT	E Registered Age	ant signature req	uired when reinstating)		DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55	9. Election Campa O.00 Trust Fund Con		a 🗆 🤅	\$5.00 May Be Added to Fees					
10.	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND I	DIRECTOR	S IN 11	
TITLE	PD	☐ Delele	TITLE	.	<u>-</u>			☐ Change	Addition	
	LUTKEHAUS, T.C.	L Delete	NAME					Onlango		
NAME	· ·		STREET AC	202000						
STREET ADDRESS	2316 RIVER RD.									
CITY-ST-ZIP	GRANBURY, TX 76048		CITY-ST-	ZIP .						
TITLE	VSD	☐ Delete	TITLE					Change	Addition	
NAME	LUTKEHAUS, M J		NAME							
STREET ADDRESS	10575 BRESLER CT.		STREET AT	DDRESS	10609 Bre	sler Ct.			í	
CITY-ST-ZIP	HOMOSASSA, FL 34487		CITY-ST-	ZIP	Homosassa	, FL 344	148			
TITLE	·	☐ Delete	TITLE			-		☐ Change	Addition	
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NAME			NAME							
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THTLE	- ···	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME							
STREET ADDRESS			STREET AS	DDRESS						
CITY-ST-ZIP			CITY-ST-							
INTE		☐ Delete	TITLE					Change	Addition	
NAME			NAME							
STREET ADDRESS			STREET AL	DDRESS						

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: M.A. Lutkehaus Melody I. Lutkehaus	3/20/06	(817) 279-1511	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	