


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90087 008 ***150.00

DOCUMENT # **G25755**

1. Entity Name
TECHNICAL MANAGEMENT SERVICES, INCORPORATED



Principal Place of Business Mailing Address

**10609 BRESIER CT
 HOMOSASSA FL 34448** **5455 S. SUNCOAST BLVD
 PMB #4
 HOMOSASSA FL 34446-2068**



2. Principal Place of Business - No P.O. Box #
2316 RIVER RD.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
GRANBURY TX

City & State

Zip
76048 Country

4. FEI Number **59-2263673** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DON'S PHARMACY
 7655 WEST GULF TO LAKE HWY.
 PO BOX 1018
 CRYSTAL RIVER FL 32629**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|---|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD LUTKEHAUS, T C 2316 RIVER RD. GRANBURY TX 76048 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VSD LUTKEHAUS, M J 10609 BRESIER CT HOMOSASSA FL 34448 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | 2316 RIVER RD. GRANBURY, TX 76048 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Melody J. Lutkehaus **Melody J. Lutkehaus** Vice-President
 4/12/07 817-279-1511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #