


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000087120
 1. Entity Name
TOTAL SERVICE SOLUTIONS, INC.



Principal Place of Business Mailing Address
12157 W. LINEBAUGH AVE., #185 **12157 W. LINEBAUGH AVE., #185**
TAMPA, FL 33626-1732 **TAMPA, FL 33626-1732**

DO NOT WRITE IN THIS SPACE



01312004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3671221 Not Applicable

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

6. Name and Address of Current Registered Agent
MARLOWE, RUSSELL G
8726 OLD COUNTRY RD. 54, STE. E
NEW PORT RICHEY, FL 34653

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	D THOMPSON, JOHN F III 14309 BRENTWOOD DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKLOS, STEPHEN J 6725 RIVER RD. NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, PETER 2197 CALUSA CT PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: JF Thompson Date: 1/31/04 Daytime Phone #: 800-782-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR