

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087120

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** TOTAL SERVICE SOLUTIONS, INC.

**Current Principal Place of Business:**

5441 PROVOST DR.  
HOLIDAY, FL 34690

**New Principal Place of Business:**

**Current Mailing Address:**

12157 W. LINEBAUGH AVE., #185  
TAMPA, FL 336261732

**New Mailing Address:**

FEI Number: 59-3671221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARLOWE, RUSSELL G  
9020 RANCHO DEL RIO  
SUITE 101  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: THOMPSON, JOHN F III  
Address: 4206 CARROLLWOOD VILLAGE CT.  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: MIKLOS, STEPHEN J  
Address: 6922 RIVER ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D  
Name: WAGNER, PETER  
Address: 2197 CALUSA CT  
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: J.F.THOMPSON

D

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date