2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 26, 2005 8:00 am **Secretary of State** DOCUMENT # P02000120636 01-26-2005 90020 029 ***150.00 1. Entity Name TSAC, INC. Principal Place of Business Mailing Address 447 VALLETTA CT 447 VALLETTA CT PUNTA GORDA, FL 33950-8052 PUNTA GORDA, FL 33950-8052 2. Principal Place of Business 3. Mailing Address-3474 CORNING 3474 CORNING ST. Suite, Apt. #, etc. CR2E034 (10/03) 01182005 Chg-P Applied For City & State City & State 4. FEI Number PORT CHARLOTTE Not Applicable ORT CHARLOTTE 56-2301552 Country Zip \$8.75 Additional 5. Certificate of Status Desired П CHARLOTTE CHARLOTTE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENEVIDES, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 447 VALLETTA CT PUNTA GORDA, FL 33950-8052 Zip Code City 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. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Delete TITLE TITLE BENEVIDES ANTHONY BENEVIDES, ANTHONY NAME NAME 3474 CORNING ST STREET ADDRESS STREET ADORESS 447 VALLETTA CT CITY-ST-ZIP PUNTA GORDA, FL 339508052 CITY-ST-ZIP PORT CHARLOTTE. FL 33980 Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ■ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS1 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE? Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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.

FILED

1-54-05 941-624-2774