

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108882

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: TECHNICAL SERVICES RM CORP

**Current Principal Place of Business:**

108 SEA GRAPE RD  
MELBOURNE, FL 32951 US

**New Principal Place of Business:**

**Current Mailing Address:**

108 SEA GRAPE RD  
MELBOURNE, FL 32951 US

**New Mailing Address:**

FEI Number: 90-0112374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MATSON, HENRY M SR  
2615 KINGDOM AVE  
MELBOURNE, FL 32934 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MATSON, KIM R  
Address: 108 SEA GRAPE  
City-St-Zip: MELBOURNE, FL 32951 US

Title: VP ( ) Delete  
Name: SIEGRIST, ROSAMARIA  
Address: 1019 CABLE LANE  
City-St-Zip: PALM BAY, FL 32905 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIM MATSON

P

01/11/2007

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

\_\_\_\_\_ Date