


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90011 012 \*\*\*150.00

**DOCUMENT # P04000162412**

1. Entity Name  
**T.S. SERVICE CENTERS, INC.**



Principal Place of Business  
**2800 SE 62ND ST  
 OCALA, FL 34480**

Mailing Address  
**2800 SE 62ND ST  
 OCALA, FL 34480**

**40047839**

2. Principal Place of Business - No P.O. Box #  
**601 W. NEW YORK AVE**

3. Mailing Address  
**601 W. NEW YORK AVE**

Suite, Apt. #, etc.



02142008 Chg-P CR2E034 (12/06)

City & State  
**DELAND, FL**

City & State  
**DELAND, FL**

4. FEI Number  
**20-1833489**

Applied For  
 Not Applicable

Zip  
**32720**

Country

Zip  
**32720**

Country

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

6. Name and Address of Current Registered Agent

**SPAULDING, TIMOTHY**  
~~2800 SE 62ND ST~~  
~~OCALA, FL 34480~~

*601 W. New York Ave  
 Deland, FL 32720*

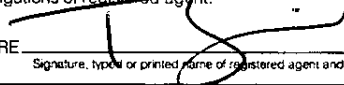
7. Name and Address of New Registered Agent

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  DATE **3-11-08**

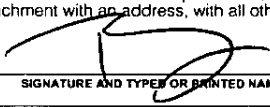
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME <b>SPAULDING, TIMOTHY</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>601 W. New York Ave Deland, FL 32720</i>
STREET ADDRESS <del>2800 SE 62ND ST</del>	CITY-ST-ZIP <del>OCALA, FL 34480</del>	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE **3-11-08** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR