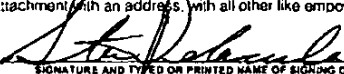


FILED
Mar 02, 2006 8:00 am
Secretary of State

02-13-2006 90009 032 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000121559					
1. Entity Name TOTAL SERVICE CONTRACTING, INC.					
Principal Place of Business 1250 SWISS COURT DELTONA, FL 32738			Mailing Address 1250 SWISS COURT DELTONA, FL 32738		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
5. Name and Address of Current Registered Agent DELACERDA, STEVE A 1250 SWISS COURT DELTONA, FL 32738				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 _____ (NOTE: Registered Agent signature required when remitting)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-STATE-ZIP					
Delete Change Addition					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP					
Delete Change Addition					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP					
Delete Change Addition					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP					
Delete Change Addition					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP					
Delete Change Addition					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP					
Delete Change Addition					
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:  2/9/06 786-853-8491					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					