

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000143037

Entity Name: TSC-JACOBS NORTH, INC.

FILED
Feb 20, 2008
Secretary of State

Current Principal Place of Business:

24156 SR 54
SUITE 3
LUTZ, FL 33559 US

New Principal Place of Business:

Current Mailing Address:

24156 SR 54
SUITE 3
LUTZ, FL 33559 US

New Mailing Address:

FEI Number: 76-0804845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERSCHAREN, JOHN A P.E.
22607 SOUTHSORE DRIVE
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

VERSCHAREN, JOHN A P.E.
24156 SR 54
SUITE 3
LUTZ, FL 33559 US

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: JOHN A. VERSCHAREN 02/20/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VERSCHAREN, LISA K
Address: 24156 SR 54, SUITE 3
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: VERSCHAREN, JOHN A P.E.
Address: 24156 SR 54, SUITE 3
City-St-Zip: LUTZ, FL 33559

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

I hereby certify that the information supplied with this filing does not qualify 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: LISA K. VERSCHAREN PRES 02/20/2008

Electronic Signature of Signing Officer or Director Date