

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 287501

FILED
Mar 17, 2004
Secretary of State

Entity Name: T S E INDUSTRIES INC.

Current Principal Place of Business:

4370 112TH TERRACE NORTH
CLEARWATER, FL 337624902 US

New Principal Place of Business:

Current Mailing Address:

4370 112TH TERRACE NORTH
CLEARWATER, FL 337624902

New Mailing Address:

FEI Number: 59-1089552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KLINGEL, ROBERT R.
5260 113TH AVE N
CLEARWATER, FL 33760 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: PD () Delete
Name: KLINGEL, ROBERT R
Address: 15530 GULF BLVD
City-St-Zip: REDDINGTON BEACH, FL 33708

Title: VPD () Delete
Name: KLINGEL, HELEN A
Address: P.O. BOX 130N/A
City-St-Zip: MORRISTON, FL 32688

Title: SD () Delete
Name: KLINGEL, DIANE M
Address: 15530 GULF BLVD.
City-St-Zip: REDDINGTON BEACH, FL 33708

Title: TD () Delete
Name: TOTTLE, DAVID J
Address: 5044 K. L KENNEY CT.
City-St-Zip: OLDSMAR, FL 34677

Title: VP () Delete
Name: MIRRA, LOUIS J
Address: 1725 MAPLELEAF BLVD.
City-St-Zip: OLDSMAR, FL 34677

Title: VP () Delete
Name: REESE, GARY A
Address: 1124 HOUNDS RUN
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: RINDONE, ANTHONY J
Address: 1312 PLAYMOOR DRIVE
City-St-Zip: PALM HARBOR, FL 34683

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

Title: TD (X) Change () Addition
Name: TOTTLE, DAVID J
Address: 5044 KI L KENNEY CT.
City-St-Zip: OLDSMAR, FL 34677

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 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 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: DAVID J TOTTLE

TD

03/17/2004

Electronic Signature of Signing Officer or Director

_____ Date