

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005274

FILED  
Jul 03, 2004  
Secretary of State

**Entity Name:** TCS DESIGN & MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

324 CORDER ROAD  
WARNER ROBINS, GA 31088

**New Principal Place of Business:**

**Current Mailing Address:**

324 CORDER ROAD  
WARNER ROBINS, GA 31088

**New Mailing Address:**

**FEI Number:** 58-1829545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUPPINO, JOHN N  
124 E MIRACLE SKIP PARKWAY  
SUITE 202  
MARY ESTHER, FL 32569 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: PCTD ( ) Delete  
Name: LUPPINO, JOHN N  
Address: 102 PUTTERS COURT  
City-St-Zip: WARNER ROBINS, GA

Title: SD ( ) Delete  
Name: BENEHALEY, MONTY  
Address: 111 COVEY RISE  
City-St-Zip: WARNER ROBINS, GA

Title: D ( ) Delete  
Name: LUPPINO, DOMENIC  
Address: 1050 SW 13 PLACE  
City-St-Zip: BOCA RATON, FL

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

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

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:** JOHN N LUPPINO

PCTD

07/03/2004

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

\_\_\_\_\_  
Date