2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005469

Entity Name: TOTAL FLEET SOLUTIONS, INC.

103 HICKORY SPRINGS DRIVE

EULESS, TX 76039

Address: City-St-Zip: FILED Apr 08, 2009 Secretary of State

•		,		
Current Principal Place of Business:			New Principal Place of Business:	
875 CONC	OURSE PARI	(WAY SOUTH		
SUITE 125	5			
MAHLANL	D, FL 32751			
Current Mailing Address:			New Mailing Address:	
SUITE 125		KWAY SOUTH		
FEI Number	: 75-2557969	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
		IE, SUITE 1500 US		
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	I office or registered agent, or both,
SIGNATUI	RE:			
		nic Signature of Registered Ag	ent	 Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () SUTTER, HANF 123 STONEHIL MAITLAND, FL	L DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	VP () SUTTER, NORI 123 STONEHIL MAITLAND, FL	L DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	VP () TED, JAEGER	Delete	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: NORINE SUTTER VP 04/08/2009