

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F04000004188**

1. Entity Name

TBI OVERSEAS HOLDINGS, INC.



Principal Place of Business

3222 RED CLEVELAND BOULEVARD  
SANFORD, FL 32773

Mailing Address

3222 RED CLEVELAND BOULEVARD  
SANFORD, FL 32773



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1225275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ROBINSON, KEITH R  
3222 RED CLEVELAND BLVD  
SANFORD, FL 32773

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GOULDTHORPE, LARRY D  
STREET ADDRESS 3222 RED CLEVELAND BOULEVARD  
CITY-ST-ZIP SANFORD, FL 32773

TITLE SD  
NAME CLIFTON, ROGER C  
STREET ADDRESS 3222 RED CLEVELAND BOULEVARD  
CITY-ST-ZIP SANFORD, FL 32773

TITLE TCFD  
NAME ROBINSON, R. KEITH  
STREET ADDRESS 3222 RED CLEVELAND BOULEVARD  
CITY-ST-ZIP SANFORD, FL 32773

TITLE AS  
NAME ACKLEY, DAVID E  
STREET ADDRESS 3222 RED CLEVELAND BOULEVARD  
CITY-ST-ZIP SANFORD, FL 32773

TITLE ATFC  
NAME FRITZ, KIMBRA F  
STREET ADDRESS 3222 RED CLEVELAND BOULEVARD  
CITY-ST-ZIP SANFORD, FL 32773

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000844962  
03/13/08-80020-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Keith Robinson* R Keith Robinson

2/20/08

407-585-4500