

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006698

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: T.S.I. CONTRACTING SERVICES, INC.

## Current Principal Place of Business:

5295 LAKE POINTE CENTER DR  
SUITE J  
CUMMING, GA 30041

## New Principal Place of Business:

## Current Mailing Address:

5295 LAKE POINTE CENTER DR  
SUITE J  
CUMMING, GA 30041

## New Mailing Address:

FEI Number: 58-2365334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARTLETT, JAMES C JR  
3201 SOUTH PORT ROYAL DRIVE  
APT E  
FT LAUDERDALE, FL 33308 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHUMACHER, STEFFAN  
Address: 511 FROST LANE  
City-St-Zip: SCOTTSVILLE, KY 42164

Title: S ( ) Delete  
Name: SCHUMACHER, PAMELA  
Address: 511 FROST LANE  
City-St-Zip: SCOTTSVILLE, KY 42164

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SCHUMACHER, STEFFAN  
Address: 530 MARTINVILLE FORD ROAD  
City-St-Zip: BOWLING GREEN, KY 42103

Title: S (X) Change ( ) Addition  
Name: SCHUMACHER, PAMELA  
Address: 530 MARTINVILLE FORD ROAD  
City-St-Zip: BOWLING GREEN, KY 42103

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: STEFFAN SCHUMACHER

P

06/15/2009

Electronic Signature of Signing Officer or Director

Date