

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004492

1. Entity Name
TSY FINANCIAL SERVICES GP CORP.



FILED

07 MAY -4 PM 2: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032007

Chg-P

CR2E034 (12/06)

01

4. FEI Number
59-3594965

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOOLJAR, DEVI M
450 S. ORANGE AVENUE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | STARR, JOHN F | |
| STREET ADDRESS | 450 S. ORANGE AVENUE | |
| CITY-ST-ZIP | ORLANDO, FL 32801 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | GUERRERO, JORGE A | |
| STREET ADDRESS | 450 S. ORANGE AVENUE | |
| CITY-ST-ZIP | ORLANDO, FL 32801 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CURTIS, MCWILLIAMS B | |
| STREET ADDRESS | 450 S. ORANGE AVENUE | |
| CITY-ST-ZIP | ORLANDO, FL 32801 | |
| TITLE | CFOS | <input checked="" type="checkbox"/> Delete |
| NAME | SHACKELFORD, STEVEN D | |
| STREET ADDRESS | 450 S. ORANGE AVENUE | |
| CITY-ST-ZIP | ORLANDO, FL 32801 | |
| TITLE | SVP | <input type="checkbox"/> Delete |
| NAME | MILLS, ROSEMARY Q | |
| STREET ADDRESS | 450 S. ORANGE AVENUE | |
| CITY-ST-ZIP | ORLANDO, FL 32801 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | PRESIDENT AND DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DARREN A. KOWALSKA | |
| STREET ADDRESS | 8377 E. HARTFORD DR. | |
| CITY-ST-ZIP | SCOTTSDALE, AZ 85255 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SVP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MICHAEL T. SHEPARDSON | |
| STREET ADDRESS | 450 S. ORANGE AVE. | |
| CITY-ST-ZIP | ORLANDO, FL 32801 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Michael T. Shepardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/07

Date

407-540-2564

Daytime Phone #