## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H01979

FILED Apr 24, 2008 Secretary of State

Entity Name: TELEPHONE SUPPORT SYSTEMS OF FLORIDA, INC.

Current Mailing Address: 6310-1 TECHSTER BLVD FORT MYERS, FL 33966  FEI Number: 59-2411756 FE Name and Address of Curre WAUGH, LILLIAN A 6310-1 TECHSTER BOULEV FORT MYERS, FL 33966  The above named entity submin the State of Florida.  SIGNATURE:	/ARD US  mits this statement for the purificature of Registered Agent st Fund Contribution ( ).  RS:  ete MS	rpose of changing its regit t  ADDITIONS/CH	
6310-1 TECHSTER BLVD FORT MYERS, FL 33966  FEI Number: 59-2411756 FE  Name and Address of Curro WAUGH, LILLIAN A 6310-1 TECHSTER BOULEV FORT MYERS, FL 33966  The above named entity submin the State of Florida.  SIGNATURE:  Electronic S  Electronic S  Election Campaign Financing Tru  OFFICERS AND DIRECTOR  Title: D () Dele Name: COLEMAN, HAZEL I Address: 4306 15TH STREET City-St-Zip: LEHIGH, FL 33971  Title: P () Dele Name: FULTON, A N Address: 11658 TIMBERLINE City-St-Zip: FT MYERS, FL 339  Title: VP-D () Dele	ent Registered Agent:  ARD US  mits this statement for the purificature of Registered Agent st Fund Contribution ( ).  RS: ete MS	FEI Number Not Applicable  Name and Addr  rpose of changing its regit  t  ADDITIONS/CH	( ) Certificate of Status Desired (X) ress of New Registered Agent: istered office or registered agent, or both,  Date  ANGES TO OFFICERS AND DIRECTORS
FORT MYERS, FL 33966  FEI Number: 59-2411756 FE  Name and Address of Curre  WAUGH, LILLIAN A 6310-1 TECHSTER BOULEV FORT MYERS, FL 33966  The above named entity submin the State of Florida.  SIGNATURE:  Electronic S  Election Campaign Financing Tru  OFFICERS AND DIRECTOR  Title: D () Dele Name: COLEMAN, HAZEL II Address: 4306 15TH STREET City-St-Zip: LEHIGH, FL 33971  Title: P () Dele Name: FULTON, A N Address: 11658 TIMBERLINE City-St-Zip: FT MYERS, FL 339  Title: VP-D () Dele	ent Registered Agent:  ARD US  mits this statement for the purificature of Registered Agent st Fund Contribution ( ).  RS: ete MS	Name and Addr rpose of changing its regi t  ADDITIONS/CH	ress of New Registered Agent: istered office or registered agent, or both,  Date  ANGES TO OFFICERS AND DIRECTORS
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WAUGH, LILLIAN A 6310-1 TECHSTER BOULEV FORT MYERS, FL 33966  The above named entity submin the State of Florida.  SIGNATURE:  Electronic S  Electronic S  Electronic S  Electronic S  Coleman, Hazel   Address: 4306 15TH STREET  City-St-Zip: LEHIGH, FL 33971  Title: P () Delected   Name: FULTON, A N Address: 11658 TIMBERLINE City-St-Zip: FT MYERS, FL 339  Title: VP-D () Delected   Del	/ARD US  mits this statement for the purificature of Registered Agent st Fund Contribution ( ).  RS:  ete MS	rpose of changing its regit t  ADDITIONS/CH	istered office or registered agent, or both,  Date  ANGES TO OFFICERS AND DIRECTORS
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Name:         COLEMAN, HAZEL           Address:         4306 15TH STREET           City-St-Zip:         LEHIGH, FL 33971           Title:         P () Dele           Name:         FULTON, A N           Address:         11658 TIMBERLINE           City-St-Zip:         FT MYERS, FL 339           Title:         VP-D () Dele	MS		( ) Change ( ) Addition
Name:         FULTON, A N           Address:         11658 TIMBERLINE           City-St-Zip:         FT MYERS, FL 339           Title:         VP-D () Deleted	AAFOI	Name: Address: City-St-Zip:	( ,
` ,	CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition
Address: 3575 FIELDVIEW AV City-St-Zip: WEST BLOOMFIELD	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: ST () Dele Name: WAUGH, LILLIAN A Address: 1457 CHARMONT PI City-St-Zip: FORT MYERS, FL 3	LACE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: CEOD () Dele Name: ROTH, RANDALL G Address: 5806 KING JAMES L City-St-Zip: WATERFORD, MI 4	ANE	Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: LILLIAN WAUGH ST 04/24/2008