2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 08:00 AM Secretary of State

ANNOAL KET OKT				, ,	Saguetaux of Ctata		
DOCUMENT # H5815 1. Entity Name TEAM SUPPLY COMPANY	5				56	ecretary of State	
Principal Place of Business 11474 COLUMBIA PARK DRIVE W JACKSONVILLE, FL 32258	1	ailing Address 1474 COLUMBIA PARK DRIVE ACKSONVILLE, FL 32258	: W			F 35711 85811 81715 81831 81816 8183 8184 818	
DO NOT WRITE IN THIS SPA			CE	03282005 4. FEI Numb 59-253	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
THIEMAN, JAMES H. 11474 COLUMBIA PARK DRIVE W JACKSONVILLE, FL 32258			DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this stat the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered.				gistered agent, or bo	oth, in the State of Flo	orida. I am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10. OFFICE	RS AND DIREC	CTORS					
TITLE DP THIEMAN, JAMES H. STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP					U0000 04/25/ 0 5	0327008 -80020-012 150.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP HTLE NAME					NOT W		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	·						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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:

STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

SURNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/21/05 984+262-Date Date Daylore Proce 4