


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # H58155

1. Entity Name
TEAM SUPPLY COMPANY



Principal Place of Business
**11474 COLUMBIA PARK DRIVE W
JACKSONVILLE, FL 32258**

Mailing Address
**11474 COLUMBIA PARK DRIVE W
JACKSONVILLE, FL 32258**

DO NOT WRITE IN THIS SPACE



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2533095

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**THIEMAN, JAMES H.
11474 COLUMBIA PARK DRIVE W
JACKSONVILLE, FL 32258**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

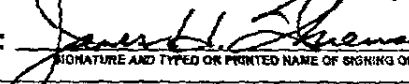
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THIEMAN, JAMES H. 11474 COLUMBIA PARK DR W JACKSONVILLE, FL 32258
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100000497727
04/22/06-80056-017 150.00

**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 # _____