

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # J08307
 1. Entity Name
 TOTAL RESIDENTIAL SERVICES, INC.



Principal Place of Business Mailing Address
 13030 GULF BLVD. 13030 GULF BLVD.
 MADEIRA BEACH, FL 33708 MADEIRA BEACH, FL 33708

DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2674231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JORGENSON, JOSEPH T.
 13021 BOCA CIEGA AVE
 MADEIRA BEACH, FL 33708

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000076403
 03/04/04-80026-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JORGENSEN, JOSEPH T 13021 BOCA CIEGA AVE MADEIRA BEACH, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joseph T Jorgensen Date: 2/24/04 Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division Form # 709 3-99-2534