


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90407 046 ***150.00

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| DOCUMENT # J31035 | | | |  | |
| 1. Entity Name T.S.H. INC. | | | | | |
| Principal Place of Business 32660 US 19 N PALM HARBOR FL 34684 US | | Mailing Address <i>New</i> <i>As of 7/15/03</i> 3308 SANDY RIDGE DRIVE CLEARWATER FL 33767 411 Woodward Passage Clearwater, FL 33767-2330 | | | |
| 2. Principal Place of Business <i>Same As Above</i> | | 3. Mailing Address Terry Hasley 411 Woodward Passage Clearwater, FL 33767-2330 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 59-2744657 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MICHAELS, THOMAS O. 1370 PINEHURST ROAD DUNEDIN FL 34698 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | APR 12 2004 <i>11:483</i> | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE PTD <input type="checkbox"/> Delete NAME HASLEY, STEVEN M. STREET ADDRESS 3308 SANDY RIDGE DRIVE CITY-ST-ZIP CLEARWATER FL | | TITLE <i>STEVEN</i> <input type="checkbox"/> Delete NAME <i>STEVEN</i> STREET ADDRESS 411 Woodward Passage CITY-ST-ZIP Clearwater, FL 33767-2330 <i>Address</i> | | | |
| TITLE S <input type="checkbox"/> Delete NAME HASLEY, TERRY A. STREET ADDRESS 3308 SANDY RIDGE DRIVE CITY-ST-ZIP CLEARWATER FL | | TITLE <i>S</i> <input type="checkbox"/> Delete NAME Terry Hasley STREET ADDRESS 411 Woodward Passage CITY-ST-ZIP Clearwater, FL 33767-2330 <i>Address</i> | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | |
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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)(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 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: _____ <i>MWH, Sec / CFO</i> DATE 4-12-04 Daytime Phone # 727-449-8544 | | | | | |