2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J32409

1. Entity Name
TS ENTERPRISES OF TAMPA, INC.

Principal Place of Business	Mailing Address
2011 S PARSONS SEFFNER, FL 33584	4506 WOODMERE RD TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

01032005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2719025		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OSCHER, STEVEN S.
4506 WOODMERE ROAD
TAMPA, FL 33609

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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_____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	DO
NAME	OSCHER, TERESA PALEVEDA
STREET ADDRESS	4506 WOODMERE ROAD
CITY-ST-ZIP	TAMPA, FL
TITLE	DO
NAME	OSCHER, STEVEN S.
STREET ADDRESS	4506 WOODMERE ROAD
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/05-80020-014 150.00

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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: _____   STEVEN S. OSCHER   1/3/05   813-229-8250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #