


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J32409</b>		
1. Entity Name TS ENTERPRISES OF TAMPA, INC.		
Principal Place of Business 2011 S PARSONS SEFFNER, FL 33584	Mailing Address 4506 WOODMERE RD TAMPA, FL 33609	



01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2719025	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  OSCHER, STEVEN S. 4506 WOODMERE ROAD TAMPA, FL 33609
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**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

000000382158  
01/11/06-80079-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO OSCHER, TERESA PALEVEDA 4506 WOODMERE ROAD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO OSCHER, STEVEN S. 4506 WOODMERE ROAD TAMPA, FL
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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 Steven S. Oscher **STEVEN S. OSCHER** 1/7/06 813-229-8250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #