

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90018 009 ***150.00

DOCUMENT # K02628

1. Entity Name
TOTAL SITE DEVELOPMENT, INC.



Principal Place of Business
**4901 PATCH ROAD
ORLANDO, FL 32822 US**

Mailing Address
**4901 PATCH ROAD
ORLANDO, FL 32822 US**

00001082



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2861344

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONNELL, DANIEL M
4901 PATCH ROAD
ORLANDO, FL 32822**

Name **Daniel M Connell**
Street Address (P.O. Box Number is Not Acceptable)
4901 Patch Road
City **Orlando** FL Zip Code **32822**

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]

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PS	☐ Delete
NAME	MC CONNELL, DANIEL	
STREET ADDRESS	4901 PATCH ROAD	
CITY- ST- ZIP	ORLANDO, FL 32822	
TITLE	VPT	☐ Delete
NAME	MCCONNELL, RANDY	
STREET ADDRESS	4901 PATCS ROAD	
CITY- ST- ZIP	ORLANDO, FL 32822	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #