


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90312 020 ***158.75

DOCUMENT # K67097	
1. Entity Name TFS-19, INC.	

Principal Place of Business 11300 4TH ST. N. SUITE 200 ST. PETERSBURG, FL 33716 US	Mailing Address 11300 4TH ST. N. SUITE 200 ST. PETERSBURG, FL 33716 US
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02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2933253	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEMBLER, M. STEVEN 11300 4TH ST. N. SUITE 200 ST. PETERSBURG, FL 33716
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SEMBLER, M. STEVEN 11300 4TH ST. N., SUITE 200 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, DARIAN W. 11300 4TH ST. N., SUITE 200 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FELICE, DAVID M 11300 4TH STREET NORTH, SUITE 200 SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 	M. Steven Sembler 2/22/05 727-579-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone #