


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90325 008 ***150.00

DOCUMENT # K67928 1. Entity Name T. S. BUILDERS, INC.			
Principal Place of Business PO BOX 14128 TALLAHASSEE FL 32317		Mailing Address PO BOX 14128 TALLAHASSEE FL 32317	
2. Principal Place of Business 521 Chad Chason Rd. Suite, Apt. #, etc.		3. Mailing Address 521 Chad Chason Road Suite, Apt. #, etc.	
City & State Quincy, FL.		City & State Quincy, FL.	
Zip 32352	Country USA	Zip 32352	Country USA
6. Name and Address of Current Registered Agent GUERINO, JAMES R. 5409 ASHTON COURT TALLAHASSEE FL 32311		7. Name and Address of New Registered Agent Name S. Bryant Skipper, Jr. Street Address (P.O. Box Number is Not Acceptable) 521 Chad Chason Road City Quincy	
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 <u>S. Bryant Skipper, Jr.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (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		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKIPPER, STEVE RT 6 BOX 397 Q QUINCY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/P Steve Skipper 521 Chad Chason Road Quincy FL. 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D/P S. Bryant Skipper, Jr. 521 Chad Chason Road Quincy, FL. 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>S. Bryant Skipper</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04/01/04</u> (850-528-1546) <small>Daytime Phone #</small>	

54031240



MOORE CR2E034 (11/03)

4. FEI Number **59-2935522** Applied For ☐ Not Applicable ☐

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

City **Quincy** FL **32352**