2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L21619

1. Entity Name
TUA SYSTEMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3645 N COURTENAY PKWY MERRITT ISLAND, FL 32953	3645 N COURTENAY PKWY MERRITT ISLAND, FL 32953

DO NOT WRITE IN THIS SPACE

01092006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
06-1221024	Not Applicable

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

6. Name and Address of Current Registered Agent

UNKEL, THEODORE WILLIAM
3645 COURTENAY PKWY
MERRITT ISLAND, FL 32953

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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_____ DATE

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

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	||||||||05.34862· 05/08/06· 00029-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPT
NAME	UNKEL, THEODORE WILLIAM
STREET ADDRESS	9 COVE VIEW CT
CITY-ST-ZIP	COCOA BEACH, FL 32931

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____ Theodore W Unkel   4/24/06   321-453-3300

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