

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L69850

FILED
Mar 25, 2008
Secretary of State

Entity Name: TECHNICAL SOFTWARE SERVICES, INC.

Current Principal Place of Business:

31 W. GARDEN ST.
STE. 100
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

31 W. GARDEN ST.
STE. 100
PENSACOLA, FL 32502 US

New Mailing Address:

FEI Number: 59-3007535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIGOSKI, THOMAS M SR.
31 WEST GARDEN STREET
SUITE 100
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PIGOSKI, JOANNE C
Address: 3890 PARADISE BAY DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: P () Delete
Name: PIGOSKI, THOMAS M
Address: 3890 PARADISE BAY DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: V () Delete
Name: SHANHOLTZ, GERALD D
Address: 320 MT. AIRY STREET
City-St-Zip: CANTONMENT, FL 32533

Title: V () Delete
Name: DAVID, ROBERT G
Address: 4443 CEDARBROOK DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: S () Delete
Name: SCHUCHARDT, LEWIS C
Address: 5013 BENT TREE ROAD
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. DEVINE

A

03/25/2008

Electronic Signature of Signing Officer or Director

Date