

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92805

Entity Name: TFSR, INC.

FILED
Feb 20, 2009
Secretary of State

Current Principal Place of Business:

3405 INDUSTRIAL 31ST ST
FORT PIERCE, FL 34946 US

New Principal Place of Business:

1550 THUMB POINT DRIVE
FORT PIERCE, FL 34950 US

Current Mailing Address:

PO BOX 999
FT. PIERCE, FL 34954 US

New Mailing Address:

1550 THUMB POINT DRIVE
FORT PIERCE, FL 34950 US

FEI Number: 34-1022256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUNKA, TOM JR
3405 31ST INDUSTRIAL STREET
FT. PIERCE, FL 34946 US

Name and Address of New Registered Agent:

FUNKA, TOM SR
1550 THUMB POINT DRIVE
FT. PIERCE, FL 34950 US

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: TOM FUNKA SR

02/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FUNKA, TOM JR
Address: 3405 31ST INDUSTRIAL ST.
City-St-Zip: FT. PIERCE, FL 34946

Title: T () Delete
Name: FUNKA, MARIA
Address: 3405 INDUSTRIAL 31ST STREET
City-St-Zip: FORT PIERCE, FL 34946

Title: VP () Delete
Name: VAN VALKENBURG, LAURIE
Address: 3405 INDUSTRIAL 31ST STREET
City-St-Zip: FORT PIERCE, FL 34946

Title: PD (X) Delete
Name: FUNKA, T.M.
Address: 3405 INDUSTRIAL 31ST STREET
City-St-Zip: FORT PIERCE, FL 34946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: FUNKA, TOM JR
Address: 1550 THUMB POINT DRIVE
City-St-Zip: FT. PIERCE, FL 34950

Title: T (X) Change () Addition
Name: FUNKA, MARIA
Address: 1550 THUMB POINT DRIVE
City-St-Zip: FORT PIERCE, FL 34950

Title: PD (X) Change () Addition
Name: FUNKA, THOMAS SR
Address: 1550 THUMB POINT DRIVE
City-St-Zip: FORT PIERCE, FL 34950

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: TOM FUNKA SR

PRES

02/20/2009

Electronic Signature of Signing Officer or Director

Date