


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90104 005 \*\*\*150.00

**DOCUMENT # M95248**  
 1. Entity Name  
 T.S.B., INC.



Principal Place of Business      Mailing Address  
 4337 OKEECHOBEE BLVD. H3,4,5      4337 OKEECHOBEE BLVD. H3,4,5  
 WEST PALM BEACH, FL 33409      WEST PALM BEACH, FL 33409



01202008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0071037</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  
 EMPKE, WILLIAM, III  
 77 MILESTONE WAY  
 WEST PALM BEACH, FL 33463

**DO NOT WRITE IN THIS SPACE**

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

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EMPKE, WILLIAM, III 77 MILESTONE WAY WEST PALM BCH., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EMPKE, WILLIAM JR. 5112 WHITEWOOD WAY L.W., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T EMPKE, MARIE P. 77 MILESTONE WAY WEST PALM BEACH, FL
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 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, when all other like empowered.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06    561    471-0044  
Daytime Phone #