


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M95248 1. Entity Name T.S.B., INC.	
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Principal Place of Business 4337 OKEECHOBEE BLVD. H3,4,5 WEST PALM BEACH, FL 33409	Mailing Address 4337 OKEECHOBEE BLVD. H3,4,5 WEST PALM BEACH, FL 33409
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

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

6. 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 _____ 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, 2007 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	
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IN THIS SPACE**

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04/02/07-80004-003 150.00

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:  **5/14/07** **561 471-0044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #