

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-27-2006 90273 028 \*\*\*150.00

DOCUMENT # P00000001608

1. Entity Name

TSM ENTERPRISES INC



Principal Place of Business

P.O. BOX 45  
DELEON SPRINGS FL 31230

Mailing Address

P.O. BOX 45  
DELEON SPRINGS FL 31230



2. Principal Place of Business

4355 McCorvey Rd  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 45  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

DeLand FL  
Zip 32720 Country Volusia

City & State

DeLeon Springs FL  
Zip 32130 Country Volusia

4. FEI Number

59-3629876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SKAGGS, CAROL  
4355 MCCORVEY RD.  
DELEON SPRINGS FL 32130

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PV  
NAME SKAGGS, THOMAS ☐ Delete  
STREET ADDRESS 4355 MCCORBEY ROAD  
CITY-ST-ZIP DE LEON SPRINGS FL 32130

TITLE ST  
NAME SKAGGS, CAROL ☐ Delete  
STREET ADDRESS 4355 MCCORBEY ROAD  
CITY-ST-ZIP DE LEON SPRINGS FL 32130

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 4355 McCorvey Road  
CITY-ST-ZIP

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 4355 McCorvey Road  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carol Skaggs - Carol Skaggs - Treasurer 3-16-06 386-943-8564  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #