## FILED May 04, 2006 8:00 am Secretary of State 05-04-2006 90210 034 \*\*\*150.00

## 2006 FOR PROFIT CORPORATION

·	ANN	UAL KEPUKI		<del></del>	1				
DOCUMENT # P00000022959  1. Enlity Name TSC-JACOBS, INC.					400	83391			
Principal Place	e of Business	Mailing Address	Mailing Address						
Į į	IONT CENTER BLVD.	-	5421 BEAUMONT CENTER BLVD.						
SUITE 600		SUITE 600							
TAMPA, FL 33634 US		TAMPA, FL 33634	TAMPA, FL 33634 US			ALII DANIA ABIJI BERLADI	n gaire maid dhea keral asin c	I   P   1   1   1   1   1   1   1   1   1	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, ctc.		Suite, Apt. #, etc.			04272006	Chg-P	CR2E034 (11/05)		
City & State		City & State			4. FEI Number 59-3637		J	pplied For or Applicable	
-Zip	Country Zip- C		Cour	5. Certificate		Status Oesired	\$8:75 Ad Fee Require		
	6. Name and Address of	Current Registered Agent	egistered Agent		7. Name and A	ddress of New R			
				Name					
KAGAN, EI 2709 ROC TAMPA, FL	KY POINT DR., STE. 10	02	Street A		P.O. Box Number	is Not Acceptable	4)		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 00001		City			····	Zip Coo		
							FL		
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.									
and designation of regretation digital.									
SIGNATURE Signature, typed or printed stance of regressived agent and title II applicable. (NOTE: Registered Asynst signature; recreed when remarkable)  DATE									
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be After May 1 2006 Fee will be \$550.00  Trust Fund Contribution.									
After Ma	ay 1, 2006 Fee will be	\$550.00   Mail Pund Co	minipulion.	LJ Abo	ed to rees			i	
10.	· <del></del>	RS AND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR		
TITLE NAME			· TITU · NAM	l l			Change	Addition	
STREET ADDRESS	5421 BEAUMONT CENT			EET ADORESS					
CITY-ST-ZIP	TAMPA, FL 33634		CITY	'- ST-7IP					
TITLE	T Delete 1117		c			☐ Change	Addition		
NAME				IE .					
STREET ADDRESS CITY-S1-ZIP	EK BLVD #600		LLI ADDRESS '-ST-ZIP						
MIE			TITL	<del></del>			☐ Change	Addition	
NAME	JACOBS, PAUL S			!			C vienge	١,٠٠٠ ريي	
STREET ADDRESS				EET ADORESS				ĺ	
CITY-ST-ZIP				-SI- AP					
TITLE NAME		☐ Delele	100 NAM	<b>I</b>			Change	Addition	
STREET ADDRESS			-	ET ADDRESS					
CITY-ST-ZIP			CITY	'-ST-ZIP			<del></del>		
TITLE	☐ Delete TIN		l			☐ Change	Addition		
NAME STREET ADDRESS			MAN RATE	IE Et addréss					
CITY-ST-ZIP				- ST - ZIP				İ	
TITLE		☐ Delete	Int	E			Change	Addition	
NAME STORE ADDOCES			NAM					ļ	
STREET ADDRESS City-S1-ZIP	I			ECT ADDRESS - SY-71P					
	ertify that the information supp	alled with this filling does not greatify			t in Chapter 110	Florida Statutor 1	further cortily that the	information	
12. I hereby centify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further contify 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 it made under eath; 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 atlachment with an address, with all other like empowered.									
SIGNATURE: SIGNATURE AND EXCEPTION AND DESCRIPTION OF FICER OR DIRECTOR DESCRIPTION DESCRIPTION & CONTINUE PINGS & CONTINUE P									