

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000031580	
1. Entity Name JUNCOS TSCPR, INC.	



Principal Place of Business C/O THE SEMBLER COMPANY 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707	Mailing Address PO BOX 41847 SAINT PETERSBURG, FL 33743-1847
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEMBLER, GREGORY S
C/O THE SEMBLER COMPANY
5858 CENTRAL AVENUE
ST PETERSBURG, FL 33707

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEMBLER, GREGORY S 5858 CENTRAL AVE ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SEMBLER, BRENT W 5858 CENTRAL AVE ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SHER, CRAIG H 5858 CENTRAL AVE ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FABREGAS, EPIFANIO 5858 CENTRAL AVE ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CRAIG H. SHER **4-19-05** **727-384-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRAIG H. SHER, VICE-PRESIDENT