## 2005 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Apr 27, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P01000033808 04-27-2005 90283 035 \*\*\*150.00 T & S ENTERPRISES OF PINELLAS, INC. Principal Place of Business Mailing Address 40069316 914 OLD VILLAGE WAY 914 OLD VILLAGE WAY OLDSMAR FL 34677 OLDSMAR, FL 34677 2. Principal Place of Business 3. Mailing Address 3028 SUGAR BEAR TRU 3028 SUGAR Beartr Suite, Apt. #, etc. Suite, Apt. #, etc. 03172005 Cha-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number PALM Palm 59-3707858 Harbor Harbor Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 34684 34684 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUSAN JOSAPAK JOSAPAK, SUSAN Street Address (P.O. Box Number is Not Acceptable) 914 OLD VILLAGE WAY OLDSMAR, FL 34677 3028 SUGAR BEAR TRL City PALM Harbor Zip Code 34684 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 age and title if applicable. (NOTE: Registered Agent signature required when reinstating) agen 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE THOMAS Jasapak JOSAPAK, THOMAS NAME NAME 3028 SUCAR BEAR TRU STREET ADDRESS 914 OLD VILLAGE WAY STREET ADDRESS CITY - ST - ZIP OLDSMAR, FL 34677 CITY-ST-ZIP PALM 34684 ٧P VP TITLE Delete TITLE Change ☐ Addition MCLAIN, SUSAN NAME SUSAN JOSAPAK NAME STREET ADDRESS 914 OLD VILLAGE WAY STREET ADDRESS SUGAR BEAR TRA 302B CITY-ST-ZIP OLDSMAR, FL 34677 CITY - ST- 7IP PALM FC 34684 TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Del ete TATLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

**FILED**