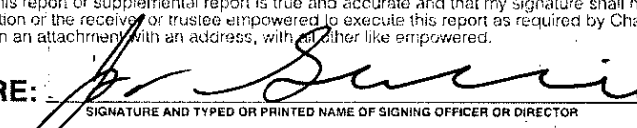


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90015 050 ***558.75

DOCUMENT # P01000119947 1. Entity Name TSB FINANCIAL SERVICES INC.			
Principal Place of Business 255 S. ORANGE AVE SUITE 1501, CITRUS CENTER ORLANDO, FL 32801		Mailing Address 8815 CONROY WINDERMERE RD 104 ORLANDO, FL 32835	
2. Principal Place of Business 7380 SAND LANE AVE		3. Mailing Address 	
Suite, Apt. #, etc. SUITE 500		Suite, Apt. #, etc. 	
City & State ORLANDO FL		City & State 	
Zip 32819		Zip 	
Country USA		Country 	
4. FEI Number 03-0432356		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIANETTO, CHARLES ESQ. 8815 CONROY WINDERMERE RD 104 ORLANDO, FL 32835		7. Name and Address of New Registered Agent 	
Name 		Street Address (P.O. Box Number is Not Acceptable) 	
City 		State FL	
Zip Code 		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 _____ (NOTE: Registered Agent signature required when coinciding). DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing: Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIR	NAME GIANETTO, CHARLES ESQ.	TITLE 	NAME
STREET ADDRESS 8815 CONROY WINDERMERE RD	CITY-ST-ZIP ORLANDO, FL 32835	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: 		7-9-04 407-644-8325	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	