2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000120457  1. Entity Name							Mar 17, 2005 08:00 AN Secretary of State				
T.S.O., INC.								5001	cury	OI S	ı
Principal Plac	e of Busines	}	Mailin	g Address	-		1				
5227 CRAFT STREET  NEW PORT RICHEY FL 34652  5227 CRAFT STREET  NEW PORT RICHEY FL 34652						2	1111	bi/war iir <b>wa</b> iwr 18 <b>2</b> ii <b>wa</b> iii <b>wa</b> iii <b>b</b>	ת (לבלו לו <b>וו</b> וו ומואו	פון ואים ושפום נווו	ווחוו וו ווחונ
2. Principal P	Place of Busin	ess	3. Mai	3. Mailing Address			-				
Suite, Apt	#, etc	Suite	Suite, Apt. #, etc.			15	st MOORE	CR2E034	· ·	×	
City & Stat	te	City	City & State			4. FEI Numb	01-0549433		No	plied For at Applicable	
Zip	Country		Zip			5. Certificate of St		<u></u>	F نـا	8.75 Add ee Require	
	6. Name	and Address of Curr	ent Registere	ed Agent		Name	7. Name an	d Address of New R	egistered A	gent	
OUNG, TONG 5227 CRAFT STREET						Street Address (P.O. Box Number is Not Acceptable)					
NEW PORT RICHEY FL 34652											
						City	FL Zip Code				e
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 little 4 applicable (NOTE Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State								9. Election Campa Trust Fund Con	-		00 May Be ed to Fees
10.		And the second section of the second section of the	ND DIRECTO	) AS	11.	<u>, , , , , , , , , , , , , , , , , , , </u>	ADDITIONS	L CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	D			☐ Delete		ŧ			···	Change	☐ Addition
NAME	OUNG, TONG			NAN							
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CITA-21-51b					1	7- ST- ZIP		<u>.</u> .			
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NAME					NAN	-					
STRFFT ADDRESS CITY ST-ZIP						EETADDRESS 7-St Zip					
_	certify that the	e information supplied	with this filing	does not qualify fo			ection 119.07(3	)(i), Fiorida Statutes.	I further cert	ify that the is	nformation
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED