

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121142

Entity Name: TSA, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

4/6 GRANADA ST.
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

6 GRANADA ST.
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

P. O. BOX
ST. AUGUSTINE, FL 32085 US

New Mailing Address:

P. O. BOX 528
ST. AUGUSTINE, FL 32085 US

FEI Number: 47-0874918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, SANDY B
P. O. BOX 528
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRAIG, SANDY B
Address: P. O. BOX 528
City-St-Zip: ST. AUGUSTINE, FL 32085 US

Title: S () Delete
Name: PONCE, CHARLES F JR
Address: P. O. BOX 528
City-St-Zip: ST. AUGUSTINE, FL 32085 US

Title: VP () Delete
Name: PONCE, KIMBER L
Address: P. O. BOX 528
City-St-Zip: ST. AUGUSTINE, FL 32085 US

Title: T () Delete
Name: PONCE, KAREN S
Address: P. O. BOX 528
City-St-Zip: ST. AUGUSTINE, FL 32085 US

Title: DIR () Delete
Name: PONCE, BRADLEY F
Address: P. O. BOX 528
City-St-Zip: ST. AUGUSTINE, FL 32085 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PONCE, CHARLES F JR
Address: 348 ST. GEORGE AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: S (X) Change () Addition
Name: PONCE, KAREN
Address: 348 ST. GEORGE AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: T (X) Change () Addition
Name: PONCE, KAREN
Address: 348 ST. GEORGE AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN PONCE

S

04/28/2005

Electronic Signature of Signing Officer or Director

Date