

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121142

Entity Name: TSA, INC.

FILED
Feb 02, 2007
Secretary of State

Current Principal Place of Business:

6 GRANADA ST.
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

4 GRANADA ST.
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

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

New Mailing Address:

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

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

Title: T () Delete
Name: PONCE, KAREN
Address: 348 ST. GEORGE AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084 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: P (X) Change () Addition
Name: CRAIG, SANDRA
Address: 1753 SANTANDER STREET
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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

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

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

Title: DIR (X) Change () Addition
Name: PONCE, BRADLEY F
Address: 1737 SANTANDER STREET
City-St-Zip: ST. AUGUSTINE, FL 32080 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

02/02/2007

Electronic Signature of Signing Officer or Director

_____ Date