

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121142

Entity Name: TSA, INC.

FILED  
Jan 13, 2008  
Secretary of State

## Current Principal Place of Business:

4 GRANADA ST.  
ST. AUGUSTINE, FL 32084 US

## New Principal Place of Business:

## 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:

CRAIG, SANDRA  
4 GRANADA STREET  
ST. AUGUSTINE, FL 32084 US

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: SANDRA CRAIG

01/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CRAIG, SANDRA  
Address: 1753 SANTANDER STREET  
City-St-Zip: ST. AUGUSTINE, FL 32080 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, KIMBER  
Address: 2645 CR 13 A S.J.  
City-St-Zip: ELKTON, FL 32033 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: PONCE, KIMBER  
Address: 2645 CR 13A SJ  
City-St-Zip: ELKTON, FL 32033 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: P (X) Change ( ) Addition  
Name: CRAIG, SANDRA  
Address: 1753 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 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

01/13/2008

Electronic Signature of Signing Officer or Director

Date