

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000003359

Entity Name: T & S QUALITY SERVICE, INC.

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8200 CYPRESS DR N  
FT MYERS, FL 33967

**New Principal Place of Business:**

**Current Mailing Address:**

8200 CYPRESS DR N  
FT MYERS, FL 33967

**New Mailing Address:**

FEI Number: 80-0006737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STELTE, TIM  
8200 CYPRESS DR N  
FT MYERS, FL 33967 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STELTE, TIM  
Address: 8200 CYPRESS DR N  
City-St-Zip: FT MYERS, FL 33967

Title: D  
Name: STELTE, SHAWN  
Address: 8200 CYPRESS DR N  
City-St-Zip: FT MYERS, FL 33967

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY STELTE

D

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date