

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010214

FILED
Apr 29, 2008
Secretary of State

Entity Name: TSA-FINANCIAL SERVICE, INC.

Current Principal Place of Business:

1011 GRACE AVE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

513 MICHIGAN AVE
LYNN HAVEN, FL 32444 US

Current Mailing Address:

1011 GRACE AVE
PANAMA CITY, FL 32401 US

New Mailing Address:

513 MICHIGAN AVE
LYNN HAVEN, FL 32444 US

FEI Number: 04-3605461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLLINS, MICHAEL E
513 MICHIGAN AVENUE
LYNN HAVEN, FL 32444 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,V (X) Delete
Name: ALFORD, BRUCE A CHFC
Address: 1011 GRACE AVE
City-St-Zip: PANAMA CITY, FL 32401 US

Title: CNSL () Delete
Name: ROLLINS, MICHAEL E LUTCF
Address: 513 MICHIGAN AVE
City-St-Zip: LYNN HAVEN, FL 32444 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL E. ROLLINS

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date