


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90094 037 \*\*\*150.00

**DOCUMENT # P02000133833**  
1. Entity Name  
**TEMPORARY HOUSING SYSTEMS OF FLORIDA, INC.**



Principal Place of Business **3465 PARKWAY CENTER 3469**  
ORLANDO, FL 32808

Mailing Address  
P.O. BOX 608577  
ORLANDO, FL 32860

**DO NOT WRITE IN THIS SPACE**

02022006 No Chg-P CR2E034 (11/05)

4. FEI Number **16-1645114** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STEILEN, TED H**  
**3465 PARKWAY CENTER 3469**  
ORLANDO, FL 32808

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

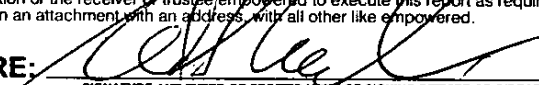
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEILEN, TED H
STREET ADDRESS	3465 PARKWAY CENTER 3469
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4/12/06** **407-292-5822**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #