

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133833

1. Entity Name
TEMPORARY HOUSING SYSTEMS OF FLORIDA, INC.



FILED
Jul 09, 2008 08:00 AM
Secretary of State

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

Mailing Address
**3469 PARKWAY CENTER
ORLANDO, FL 32808**



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1645114	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STEILEN, TED H
3469 PARKWAY CENTER
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES STEILEN, TED H 3469 PARKWAY CENTER ORLANDO, FL 32808
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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 empowered 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 _____

Handwritten Signature 7/7/2008 (407)292-5822