

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000038047

1. Entity Name
TSC SUPPLY COMPANY



FILED
04 APR 28 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5428 STATELY OAKS STREET
FORT PIERCE, FL 34981 US

Mailing Address
5428 STATELY OAKS STREET
FORT PIERCE, FL 34981 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

80-0061684

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SJOGREN, M
5428 STATELY OAKS STREET
FORT PIERCE, FL 34981

Name SPIEGEL and UTRERA, PA

Street Address (P.O. Box Number is Not Acceptable)

1840 SW 22nd STREET

4TH FLOOR

City

MIAMI

FL

Zip Code

33145

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, SPIEGEL & UTRERA P.A.

SIGNATURE

Signature, name or printed name of registered agent and title if applicable.

BY: NATALIA UTRERA Vice-President 2/8/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P D Raymond A. Sjogren
STREET ADDRESS 5428 State St.
CITY-STATE-ZIP Ft. Pierce, FL 34981 ☐ Delete

TITLE
NAME V D Michelle H. Sjogren
STREET ADDRESS 5428 State St.
CITY-STATE-ZIP Ft. Pierce, FL 34981 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME 100035780921
STREET ADDRESS 05/07/04--01094--008 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Raymond A. Sjogren RAYMOND A. SJOGREN

Date

1/28/04

Daytime Phone #

772-216-5400