2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038047

Entity Name: TSC SUPPLY COMPANY

FILED Jan 31, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5428 STATELY OAKS STREET 5475 NE SAINT JAMES DRIVE FORT PIERCE, FL 34981

356

PORT SAINT LUCIE, FL 34983 US

Current Mailing Address: New Mailing Address:

5428 STATELY OAKS STREET 5475 NE SAINT JAMES DRIVE FORT PIERCE, FL 34981 US

PORT SAINT LUCIE, FL 34983 US

FEI Number: 80-0061684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND STREET, 4TH FLOOR MIAMI, FL 33145

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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SJOGREN, RAYMOND A SJOGREN, RAYMOND A Name: Name: 5475 NE SAINT JAMES DRIVE, #356 Address: Address:

5428 STATELY OAKS STREET City-St-Zip: FORT PIERCE, FL 34981 US City-St-Zip: PORT SAINT LUCIE, FL 34983 US

() Delete Title: Title: (X) Change () Addition

Name: SJOGREN, MICHELLE H Name: SJOGREN, MICHELLE H

5428 STATELY OAKS STREET 5475 NE SAINT JAMES DRIVE, #356 Address: Address: FORT PIERCE, FL 34981 US PORT SAINT LUCIE, FL 34983 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: RAYMOND A SJOGREN 01/31/2005