2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P03000038047

Entity Name: TSC SUPPLY COMPANY

Current Principal Place of Business:

5475 NE SAINT JAMES DRIVE
356
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

5475 NE SAINT JAMES DRIVE
356
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

3070 LAKECREST CIRCLE
400-251
LEXINGTON, KY 40513 US

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

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: VD ( ) Delete
Name: SJOGREN, RAYMOND A
Address: 5475 NE SAINT JAMES DRIVE, #356
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: PD ( ) Delete
Name: SJOGREN, MICHELLE H
Address: 5475 NE SAINT JAMES DRIVE, #356
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: SJOGREN, RAYMOND A
Address: 3070 LAKECREST CIRCLE, #400-251
City-St-Zip: LEXINGTON, KY 40513 US

Title: PD (X) Change ( ) Addition
Name: SJOGREN, MICHELLE
Address: 3070 LAKECREST CIRCLE, #400-251
City-St-Zip: LEXINGTON, KY 40513 US

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: RAYMOND A SJOGREN VD 01/16/2009
Electronic Signature of Signing Officer or Director Date