


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000075340</b> 1. Entity Name TOTAL RESOURCE SOLUTIONS, INC.	
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Principal Place of Business 13030 GULF BLVD MADEIRA BEACH, FL 33708	Mailing Address 13030 GULF BLVD MADEIRA BEACH, FL 33708
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01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0082443	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HOFSTRA, PETER T 8640 SEMINOLE BLVD SEMINOLE, FL 33772
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U00000196037  
01/26/05-80052-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCELLI, STEPHEN T 3531 GREEN GLEEN CIRCLE PALM HARBOR H, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, DOREEN 13030 GULF BLVD MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORGENSEN, JOSEPH 13030 GULF BLVD MADEIRA BEACH, FL 33708
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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 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: Stephen Vinelli 1/17/05 727-393-2534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #