


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000075340</b> 1. Entity Name <b>TOTAL RESOURCE SOLUTIONS, INC.</b>	
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Principal Place of Business <b>13030 GULF BLVD MADEIRA BEACH, FL 33708</b>	Mailing Address <b>13030 GULF BLVD MADEIRA BEACH, FL 33708</b>
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02032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>HOFSTRA, PETER T 8640 SEMINOLE BLVD SEMINOLE, FL 33772</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**000000447537  
03/08/06-80050-020 150.00**

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VINCELLI, STEPHEN T 3531 GREEN GLEN CIRCLE PALM HARBOR H, FL 34684</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOORE, DOREEN 13030 GULF BLVD MADEIRA BEACH, FL 33708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JORGENSEN, JOSEPH 13030 GULF BLVD MADEIRA BEACH, FL 33708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 an other like empowered.

SIGNATURE: Joseph T. Jorgensen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06  
Date

727 393-2534  
Daytime Phone #