

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066535

FILED
Jan 29, 2009
Secretary of State

Entity Name: TOTAL DOCUMENT SOLUTIONS, INC.

Current Principal Place of Business:

1 HARGROVE GRADE, STE. 1G
PALM COAST, FL 32137

New Principal Place of Business:

1 HARGROVE GRADE, STE. 1L
PALM COAST, FL 32137

Current Mailing Address:

2325 IVYGAIL DR E
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-1053613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUMFORD, RICHARD E P
2325 IVYLGAI DR. E.
JACKSONVILLE, FL 32225 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: S () Delete
Name: CAVALIERE, EMILIE D
Address: 168 BRIDGEHAVEN DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: MUMFORD, SALLY
Address: 2325 IVYGAIL DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: P () Delete
Name: MUMFORD, RICHARD E
Address: 2325 IVYGAIL DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: V () Delete
Name: CAVALIERE, ANTHONY
Address: 168 BRIDGEHAVEN DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SALLY MUMFORD

T

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date