

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000099797

1. Entity Name
TOTAL NEURAL SOLUTIONS, INC.



Principal Place of Business
**8929 MAISLIN DR.
TAMPA, FL 33637**

Mailing Address
**8929 MAISLIN DR.
TAMPA, FL 33637**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1328761

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MADISON, JOHN M
8929 MAISLIN DR.
TAMPA, FL 33637**

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MADISON, JOHN M
30032 BAYHEAD RD.
DADE CITY, FL 33523**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BAKER, ROY W
334 7TH AVENUE NORTH
TIERRA VERDE, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
BREAKEY, NANCY L
2901 SILVER LAKE AVENUE
TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000810637
02/08/08-80073-013 158.75

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08
Date

813-899-4948
Daytime Phone #