

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000144376

1. Entity Name
TECHSOUTH SERVICES, INC.



**FILED
Jan 22, 2007 8:00 am
Secretary of State**

01-22-2007 90075 029 ***150.00

Principal Place of Business
5028 SW 93RD AVENUE
COOPER CITY, FL 33328

Mailing Address
5028 SW 93RD AVENUE
COOPER CITY, FL 33328



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1788646	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEBER, TROY J
5028 SW 93RD AVENUE
COOPER CITY, FL 33328

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME SEBER, TROY J
STREET ADDRESS 5028 SW 93RD AVENUE
CITY-ST-ZIP COOPER CITY, FL 33328

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07 954-328-0268

Date

Daytime Phone #