

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90007 006 ***150.00

DOCUMENT # P04000149487

1. Entity Name

TECHNOLOGY SUPPORT SYSTEMS, INC.



Principal Place of Business

9213 LITHIA PINECREST ROAD
LITHIA FL 33547

Mailing Address

16765 FISH HAWK BLVD,
SUITE 330
LITHIA FL 33547



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

27-0108429

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAYTON
MARLOW & MCNABB, PA
1560 WEST CLEVELAND ST
TAMPA FL 33606 - 1807

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME PARISH, PATRICK E
STREET ADDRESS 16765 FISH HAWK BLVD, SUITE 330
CITY-ST-ZIP LITHIA FL 33547

TITLE DST ☐ Delete
NAME COOPER, STEPHANIE
STREET ADDRESS 16765 FISH HAWK BLVD, SUITE 330
CITY-ST-ZIP LITHIA FL 33547

TITLE AS ☐ Delete
NAME TALAMANTES, FERNANDO
STREET ADDRESS 2801 EAST WILLIAMS RD
CITY-ST-ZIP PLANT CITY FL 33565

TITLE AS ☐ Delete
NAME COOPER, RICHARD
STREET ADDRESS 302 BROCKFIELD DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patrick E. Parish* - PATRICK E. PARISH - PRES. 2-18-08 813-737-4898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #