2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** DOCUMENT # P06000025057 TBS CONSTRUCTION SPECIALTIES, INC.



FILED Apr 19, 2007 8:00 am Secretary of State

04-19-2007 90212 039 ***150.00

The deliter of Editables, inc.											
Principal Place of Business 8303 SUMMER GROVE RD TAMPA FL 33647 US		Mailing Address 8303 SUMMER GROVE RD TAMPA FL 33647 US									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1st MOORE CR2E034 (10/06)					
City & State		City & State				4. FEI Numb	oer 75 -32	20951	4 1	oplied For ot Applicable	
Zip	Country	Zip		Country		5. Certificate	e of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
SMITH, TIMOTHY B					Name						
830	3 SUMMER GROVE RD MPA FL 33647		Street Addre			(P.O. Box Number is Not Acceptable)					
,	, ,										
				City		·		FĻ	Zip Cod	lo	
	named entity submits this statement for ions of registered agent.	or the purpos	se of changing its re	gistored office or	register	ed agent, or bo	oth, in the State of	Florida I am	familiar with,	and accept	
SIGNATURE .											
', ·	Signature, typed or printed napre of registered agent	and title i applic	able (NOT) R	aqısterad Agant signala	ire required	when reinstaling)		DATI			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							9. Election Car Trust Fund 0	mpaign Financ Contribution.		.00 May Be ed to Fees	
	2, 44									- · · · · · · · · · · · · · · · · · · ·	
10.	OFFICERS AND	DIRECTOR		11.		ADDITIONS	S/CHANGES TO C	OFFICERS AND			
HIII	SMITH, TIMOTHY B		Delete	11111					☐ Change	Addition	
NAME. STREET ADDRESS	8303 SUMMER GROVE RD			NAMI SIBIT LADDRESS							
CITY ST-ZIP	TAMPA FL 33647			CITY ST ZIP							
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NAME.	MAURER, ALINE		C Defete	NAM!					□ Change	☐ Manan	
STREET ADORESS	8303 SUMMER GROVE RD			STREET ADDRESS							
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NAME				NAM!							
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				CHY SI ZIP	1						

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 offect as if made under eath; 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 &

JIM SMITH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR