

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90021 035 ***150.00

DOCUMENT # P06000025141

1. Entity Name

T S HOMES INC.



Principal Place of Business
2000 SIERRA STREET
MELBOURNE FL 32935
US

Mailing Address
2000 SIERRA STREET
MELBOURNE FL 32935
US



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

T S Homes Inc

Suite, Apt. #, etc.

2000 Sierra St

City & State

Melbourne Florida

Zip

32935

Country

US

3. Mailing Address

T S Homes Inc

Suite, Apt. #, etc.

2000 Sierra St

City & State

Melbourne Florida

Zip

32935

Country

US

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-4346058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEIN, RICHARD
2000 SIERRA STREET
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

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 fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME STEIN, RICHARD
STREET ADDRESS 2000 SIERRA STREET
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ~~Vice President~~ ☐ Delete
NAME ~~William Thompson~~
STREET ADDRESS ~~3062 Sweet Pine Dr.~~
CITY-ST-ZIP ~~Melbourne FL 32935~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Vice President* ☐ Change ☒ Addition
NAME *William Thompson*
STREET ADDRESS *3062 Sweet Pine Dr.*
CITY-ST-ZIP *Melbourne FL 32935*

TITLE ☐ Change ☐ Addition
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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: *Richard Stein* *Richard Stein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/07 *321-610-0041*

Date

Daytime Phone #