

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000086446

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** TCS SERVICES, INC.

**Current Principal Place of Business:**

8032 SHERWOOD CIRCLE  
LABELLE, FL 33935

**New Principal Place of Business:**

8032 SHERWOOD CIRCLE  
LABELLE, FL 33935 UN

**Current Mailing Address:**

P.O. BOX 1710  
LABELLE, FL 33975

**New Mailing Address:**

**FEI Number:** 22-3937131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUBBARD, LENICE  
8032 SHERWOOD CIRCLE  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PSD  
**Name:** HUBBARD, TONY R  
**Address:** P.O. BOX 247  
**City-St-Zip:** LABELLE, FL 33975

**Title:** VTD  
**Name:** HUBBARD, LENICE  
**Address:** PO BOX 247  
**City-St-Zip:** LABELLE, FL 33975

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LENICE HUBBARD

VTD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date