

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094436

Entity Name: TOTAL SUPPLY CORP.

FILED  
Mar 26, 2007  
Secretary of State

## Current Principal Place of Business:

2590 SW CHOCTAW STREET  
PORT ST. LUCIE, FL 34953

## New Principal Place of Business:

651 NW ENTERPRISE DRIVE  
SUITE 111  
PORT ST. LUCIE, FL 34986

## Current Mailing Address:

2590 SW CHOCTAW STREET  
PORT ST. LUCIE, FL 34953

## New Mailing Address:

651 NW ENTERPRISE DRIVE  
SUITE 111  
PORT ST. LUCIE, FL 34986

FEI Number: 51-0591667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILCOX, SAMUEL B  
2590 SW CHOCTAW STREET  
PORT ST LUCIE, FL 34953 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILCOX, SAMUEL B  
Address: 2590 SW CHOCTAW STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: WILCOX, BELINDA M  
Address: 2590 SW CHOCTAW STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAMUEL B WILCOX

P

03/26/2007

Electronic Signature of Signing Officer or Director

Date