2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P06000094436

Entity Name: TOTAL SUPPLY CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

679 NW ENTERPRISE DRIVE
SUITE 104
PORT ST. LUCIE, FL 34986

Current Mailing Address:

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

New Mailing Address:

679 NW ENTERPRISE DRIVE
SUITE 104
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: VP ( ) Delete
Name: WILCOX, BELINDA M
Address: 2590 SW CHOCTAW STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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 01/08/2008

Electronic Signature of Signing Officer or Director — Date