

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000022976

Entity Name: TSCAPES INC.

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1268 MARLEE ROAD  
SAINT JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 600402  
SAINT JOHNS, FL 32260

**New Mailing Address:**

FEI Number: 22-3954946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TYSON IV, JAMES C  
1268 MARLEE ROAD  
JACKSONVILLE, FL 32259 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: PD  
Name: TYSON, JAMES C IV  
Address: 1268 MARLEE ROAD  
City-St-Zip: SAINT JOHNS, FL 32259

Title: T  
Name: TYSON, CHERISE S  
Address: 737 DEWBERRY DRIVE  
City-St-Zip: SAINT JOHNS, FL 32259

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: CHERISE S TYSON

T

04/05/2012

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

\_\_\_\_\_  
Date