

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90041 019 \*\*\*150.00

DOCUMENT # P07000063193

1. Entity Name  
TSI CONTAINERS, INC.



Principal Place of Business  
2038 SAINT MARTINS DRIVE WEST  
JACKSONVILLE, FL 32246 US

Mailing Address  
2038 SAINT MARTINS DRIVE WEST  
JACKSONVILLE, FL 32246 US

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

6280 PARADISE ISL CT. P.O. BOX 291441

3. Mailing Address

Suite, Apt. #, etc.



03032008 Chg-P CR2E034 (12/06)

City & State

Port Orange, FL

City & State

Port Orange, FL

4. FEI Number

41-2195214

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUNDESTEN, TODD K  
2038 SAINT MARTINS DRIVE WEST  
JACKSONVILLE, FL 32246

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME SUNDESTEN, TODD K  
STREET ADDRESS 2038 SAINT MARTINS DRIVE WEST  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE SECT ☐ Delete  
NAME SUN, KATHLEEN M  
STREET ADDRESS 2038 SAINT MARTINS DRIVE WEST  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME SUNDESTEN, TODD K  
STREET ADDRESS 6280 PARADISE ISLAND COURT  
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE SECT ☒ Change ☐ Addition  
NAME SUN, KATHLEEN M  
STREET ADDRESS 6280 PARADISE ISL COURT  
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Todd Sundesten*

Todd Sundesten

3/3/08

386-788-1686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #