

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000091687

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** TOTAL CONTACT SOLUTIONS, INC.

**Current Principal Place of Business:**

611 DRUID ROAD SUITE 702  
CLEARWATER, FL 33756

**New Principal Place of Business:**

611 DRUID ROAD SUITE 405  
CLEARWATER, FL 33756

**Current Mailing Address:**

611 DRUID ROAD SUITE 702  
CLEARWATER, FL 33756

**New Mailing Address:**

611 DRUID ROAD SUITE 405  
CLEARWATER, FL 33756

**FEI Number:** 27-1274836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TINGIRIDES, STAVROS  
804 NORTH BELCHER ROAD SUITE 100  
CLEARWATER, FL 33765 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: O  
Name: SPIRIDELLIS, NIKOLAOS  
Address: 170 SAND KEY ESTAES DR.  
City-St-Zip: CLEARWATER BEACH, FL 33767

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: N T SPIRIDELLIS

O

02/07/2012

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

\_\_\_\_\_  
Date