


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90230 029 \*\*\*150.00

<b>DOCUMENT # P14437</b> 1. Entity Name <b>TSA STORES, INC.</b>					
Principal Place of Business <b>3383 N. STATE RD. #7 FT. LAUDERDALE, FL 33319</b>			Mailing Address <b>1050 W HAMPDEN AVE ATTN: TAX DEPT ENGLEWOOD, CO 80110</b>		
2. Principal Place of Business <b>1050 W. Hampden Ave</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>Englewood CO</b>		City & State _____		4. FEI Number <b>36-3511120</b>	
Zip <b>80110</b>		Country _____		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DOUGLAS MORTON, JOHN 1050 W HAMPDEN AVE ENGLEWOOD, CO 80110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HENDRICKSON, THOMAS 1050 W HAMPDEN AVE ENGLEWOOD, CO 80110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HASSANEIN, NESA E 1050 W HAMPDEN AVE ENGLEWOOD, CO 80110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCMO KERBIS, ELLIOTT 1050 W HAMPDEN AVE ENGLEWOOD, CO 80110	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David Campisi 1050 W. Hampden Ave Englewood, CO 80110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSC WATERS, GREG 1050 W HAMPDEN AV E ENGLEWOOD, CO 80110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP WILDENBERG, THOMAS 1050 W HAMPDEN AV E ENGLEWOOD, CO 80110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Thomas Wildenberg</u> Thomas Wildenberg				Date: <u>4/12/05</u> Daytime Phone #: <u>720 475 2815</u>	

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