

2007 FOR PROFIT CORPORATION ANNUAL REPORT


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FILED
Mar 07, 2007 8:00 am
Secretary of State

02-14-2007 90059 019 ***150.00

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1. Entity Name
 TRS COMMERCIAL REAL ESTATE SERVICES, INC.



Principal Place of Business 7650 BAYSHORE DRIVE 1203B TREASURE ISLAND, FL 33706	Mailing Address 735 ARLINGTON AVENUE 320 ST. PETERSBURG, FL 33701
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3224967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TALMADGE, MICHAEL S
 7650 BAYSHORE DRIVE
 1203B
 TREASURE ISLAND, FL 33706

DO NOT WRITE IN THIS SPACE

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: Michael S. Talmadge DATE: 1/25/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TALMADGE, MICHAEL S 7650 BAYSHORE DRIVE #1203B TREASURE ISLAND, FL 33706
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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: Michael S. Talmadge DATE: 3/5/07 (227) 214 4650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #