2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000036087

1. Entity Name
TLS DRAFTING SERVICES, INC.

Principal Place of Business	Mailing Address
8170 CAYUGA TRAIL W. JACKSONVILLE, FL 32244	8170 CAYUGA TRAIL W. JACKSONVILLE, FL 32244

2. Principal Place of Business	3. Mailing Address
1459 Scenic Oaks Dr.	1459 Scenic Oaks Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange Park, FL	City & State: Orange Park, FL
Zip: 32065 Country: Clay	Zip: 32065 Country: Clay

01102006   Chg-P   CR2E034 (11/05)

4. FEI Number 59-3315281 — ☐ Applied For / ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUMROW, THOMAS L
8170 CAYUGA TRAIL W.
JACKSONVILLE, FL 32244

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1459 Scenic Oaks Dr

City: Orange Park   FL   Zip Code 32065

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, 2006 Fee will be $550.00

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

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10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SUMROW, THOMAS L		NAME	1459 Scenic Oaks Dr.	
STREET ADDRESS	8170 CAYUGA TRAIL W.		STREET ADDRESS	Orange Park, FL 32065	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SUMROW, KATHRYN S		NAME	1459 Scenic Oaks Dr.	
STREET ADDRESS	8170 CAYUGA TRAIL W		STREET ADDRESS	Orange Park, FL 32065	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Thomas L. Sumrow   Thomas L Sumrow   President   1-30-06   904-214-9278

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