

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000090053

1. Entity Name
TS PIERCE CORP.



FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90287 013 ***150.00

Principal Place of Business
21301 POWERLINE RD
SUITE 312
BOCA RATON, FL 33433 US

Mailing Address
P O BOX 11229
KNOXVILLE, TN 37939 US



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3344425

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALTERS, CLIFFORD L
802 11ST STREET WEST
BRADENTON, FL 34250

**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

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, 2005 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
PD
LEVIN, RICHARD
1733 WEST FLETCHER AVENUE
TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
RICE, SUZANNE L
1733 FLETCHER AVENUE
TAMPA, FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
LEVIN, STEVEN
21301 POWERLINE ROAD SUITE #312
BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LEVIN, JILL
5410 HOMBERG DR STE A
KNOXVILLE, TN 37919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jill Levin, Treasurer

2/28/05 805 584-4125
Date Daytime Phone #