2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# P95000090053

Entity Name: TS PIERCE CORP.

Current Principal Place of Business:

925 S FED HWY STE 425
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 11229
KNOXVILLE, TN 37939 US

New Mailing Address:

FEI Number: 59-3344425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: LEVIN, RICHARD
Address: 340 S PALM AVE APT 45
City-St-Zip: SARASOTA, FL 34236

Title: VSD ( ) Delete
Name: RICE, SUZANNE L
Address: 1733 FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612

Title: VSD ( ) Delete
Name: LEVIN, STEVEN
Address: 925 S FED HWY STE 425
City-St-Zip: BOCA RATON, FL 33432

Title: T ( ) Delete
Name: LEVIN, JILL
Address: 5410 HOMBERG DR STE A
City-St-Zip: KNOXVILLE, TN 37919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JILL LEVIN T 03/02/2009

Electronic Signature of Signing Officer or Director Date