

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000090053

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JILL LEVIN

T

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date