

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # P96000007531

1. Entity Name
TBS/TOTAL BUSINESS SYSTEMS, INC.



Principal Place of Business
4231 WALNUT BEND
STE 3
JACKSONVILLE, FL 32257

Mailing Address
4231 WALNUT BEND
STE 3
JACKSONVILLE, FL 32257



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3365163

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROWLAND, FREDDIE
4231 WALNUT BEND
STE 5
JACKSONVILLE, FL 32257

**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, 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	P
NAME	ROWLAND, FREDDIE
STREET ADDRESS	10425 RUSSELL SAMPSON RD
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	VD
NAME	STERN, MICHAEL
STREET ADDRESS	11465 MANDARIN GLEN CIRCLE EAST
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	STD
NAME	ROWLAND, PAULA
STREET ADDRESS	10425 RUSSELL SAMPSON RD
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/07-80002-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-07

Date

904-260-6211

Daytime Phone #

Freddie Rowland