

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-18-2005 90061 037 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P96000033234					
1. Entity Name TSR MOLDS, INC.					
Principal Place of Business 1725 98TH AVE VERO BEACH FL 32960 US			Mailing Address 471 COLLEEN NE PALM BAY FL 32907 US		
2. Principal Place of Business 7610 TROPIC DR.			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MELBOURNE, FL.			City & State		
Zip 32904		Country		Country	
4. FEI Number 59-3379549				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RATAJCZYK, ROSALIA 471 COLLEEN NE PALM BAY FL 32907			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 <u>Rosalia Ratajczyk - pres.</u> DATE <u>2/8/05</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RATAJCZYK, ROSALIA		NAME		
STREET ADDRESS	471 COLLEEN NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RATAJCZYK, RICHARD		NAME		
STREET ADDRESS	471 COLLEEN NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RATAJCZYK, STEVEN		NAME		
STREET ADDRESS	471 COLLEEN NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		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 exemption stated in Section 119.07(3)(i), 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: <u>Rosalia Ratajczyk</u> ROSALIA RATAJCZYK 724-5495 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <u>2/8/05</u> Daytime Phone # <u>321</u>					