


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000072917 1. Entity Name TOTAL CONTROL SOLUTIONS CORP.																													
Principal Place of Business 7335 LOGHOUSE ROAD PLANT CITY FL 33565 US			Mailing Address 7335 LOGHOUSE ROAD PLANT CITY FL 33565 US																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
6. Name and Address of Current Registered Agent STILES, PETER RODNEY 7335 LOGHOUSE ROAD PLANT CITY FL 33565			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____																										
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 _____ (NOTE: Registered Agent signature required when reinstating)																													
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PSTD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STILES, PETER RODNEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7335 LOGHOUSE ROAD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PLANT CITY FL 33565</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PSTD	<input type="checkbox"/> Delete	NAME	STILES, PETER RODNEY		STREET ADDRESS	7335 LOGHOUSE ROAD		CITY- ST- ZIP	PLANT CITY FL 33565		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.																													
SIGNATURE: _____																													



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3398246** Applied For ☐ Not Applicable ☒

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

7. Name and Address of New Registered Agent

FL Zip Code

04-04-05
DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

04-04-05 (813) 727-528
Date Daytime Phone # **528**