

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000070508

1. Entity Name
TRANSACTIONAL COMMERCE SERVICES, INC.



Principal Place of Business
4720 WEST CYPRESS STREET
TAMPA, FL 33607

Mailing Address
4720 WEST CYPRESS STREET
TAMPA, FL 33607

FILED
Apr 25, 2006 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

04142006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3473215

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, THADDEUS C IV
4720 WEST CYPRESS STREET
TAMPA, FL 33607

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000532687
05/06/06-80089-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP PARKER, THADDEUS C IV 4720 WEST CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PARKER, JEFFREY R 4720 WEST CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, SCOTT P 4720 WEST CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CAMERON, KAREN P 4720 WEST CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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

Thaddeus C. Parker IV 4/17/06 813-289-6918

Date

Daytime Phone #