2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000081031

1. Entity Name
TSCPR FLORIDA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 27 PM 3:33

Principal Place of Business	Mailing Address
5858 CENTRAL AVENUE ST PETERSBURG, FL 33707	P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847

04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3470265
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEMBLER, GREGORY S
% THE SEMBLER COMPANY
5858 CENTRAL AVENUE
ST PETERSBURG, FL 33707

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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 _____ DATE
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SEMBLER, GREGORY S
STREET ADDRESS	5858 CENTRAL AVENUE
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	VSD
NAME	SEMBLER, BRENT W
STREET ADDRESS	5858 CENTRAL AVENUE
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	VTD
NAME	SHER, CRAIG H
STREET ADDRESS	5858 CENTRAL AVENUE
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	VS
NAME	FABREGAS, EPIFANIO
STREET ADDRESS	5858 CENTRAL AVENUE
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	VS
NAME	FUGUA, JEFFREY S
STREET ADDRESS	1450 S JOHNSON FERRY ROAD, STE 100
CITY-ST-ZIP	ATLANTA, GA 30319
TITLE	S
NAME	WHEELER, RONALD P
STREET ADDRESS	5858 CENTRAL AVENUE
CITY-ST-ZIP	ST PETERSBURG, FL 33707

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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: _____ Craig Sher 4-10-06 727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #