

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90036 001 *2,400.00

DOCUMENT # P99000006621

1. Entity Name
TSI RETAIL, INC.



Principal Place of Business
9180 GALLERIA CT
STE 700
NAPLES, FL 34109

Mailing Address
PO BOX 50929
FT MYERS, FL 33994

66403328



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2748152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STEWART, JAMES C JR.
9180 GALLERIA CT
STE 700
GOLDEN GATE, FL 34116-6543

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SANTERRE, RICHARD J 500 FIFTH AVE SOUTH STE 522 NAPLES, FL 34102
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD CAUDILL, GLENN E 9350 LAREDO AVE FORT MYERS, FL 33905
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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IN THIS SPACE**

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: Glenn E. Caudill **GLENN E. CAUDILL, Pres.** 2/18/04 239-344-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #