## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2005 08:00 AM Secretary of State

DOCUMENT # P99000034867  1. Entity Name T.S.N. PROPERTY MAINTENANCE, INC.				Secretary of State
Principal Place of Business 7470 NW 35TH CT. FT. LAUDERDALE, FL 33319-4920		Mailing Address 7470 NW 35TH CT, FT. LAUDERDALE, FL 33319-4	1920	
E	OO NOT WRITE	and the second s	CE	02232005 No Chg-P CR2E034 (10/03)  4. FEI Number
<del></del>	5. Name and Address of Current Re	gistered Agent	*	
KOLSKY, DEBRA SINKLE 1175 N.E. 125TH STREET SUITE 103 MIAMI, FL 33161		<del></del>	The same of the sa	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligations of registered agent.  SIGNATURE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			5.00 May Be U000000271683 03/21/05-80056-014 150.70	
10.	OFFICERS AND DI	RECTORS	William St. S. S. S.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINKLE, NATALIE J 7470 NW 35TH CT. FT. LAUDERDALE, FL 333194920		V	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- · · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			the latest the second or to the second	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			The first the same of the same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), 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 composition of the receiver of trustee empowered to execute this report as required by Chapter 607. Founds 513 trues, and that my appear in Block 10 or Block 11 if				