

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90003 037 ***158.75

DOCUMENT # P99000107090

1. Entity Name
TSRC OF FLORIDA, INC.



Principal Place of Business
1901 W. CYPRESS CREEK RD., STE. 202
FT. LAUDERDALE, FL 33309

Mailing Address
12140 WOODCREST EXECUTIVE DR
STE 300
SAINT LOUIS, MO 63141

54066364



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0966533

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BOUIE, STEPHEN	
STREET ADDRESS	2300 COTTONDALE LANE STE 250	
CITY-ST-ZIP	LITTLE ROCK, AR 72202	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HERRECA, OTHON	
STREET ADDRESS	2300 COTTONDALE LANE SUTE 250	
CITY-ST-ZIP	LITTLE ROCK, AR 72202	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCDANIEL, RONALD	
STREET ADDRESS	2300 COTTONDALE LANE STE 250	
CITY-ST-ZIP	LITTLE ROCK, AR 72202	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCDANIEL, RONALD	
STREET ADDRESS	2300 COTTONDALE LANE STE 250	
CITY-ST-ZIP	LITTLE ROCK, AR 72202	
TITLE	CFOT	<input checked="" type="checkbox"/> Delete
NAME	HILL, ANDREW C	
STREET ADDRESS	5000 N OCEAN BLVD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	SHELTON, JAMES C	
STREET ADDRESS	310 E ROYAL PALM RD	
CITY-ST-ZIP	BOCA RATON, FL 33432	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BON A, Stephen	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL SHARPS	
STREET ADDRESS	350 N WIGLET LN SUITE 250	
CITY-ST-ZIP	Walnut Creek CA 94598	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst Treasurer / Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard T Kalb Fleish	
STREET ADDRESS	12140 Woodcrest Exec Dr Suite 300	
CITY-ST-ZIP	St Louis mo 63141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Richard T. Kalb Fleish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 22, 2004
Date

Daytime Phone #