


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # V56349 1. Entity Name TSR ENTERPRISES, INC.	
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Principal Place of Business 7431 114TH AVE N STE 102 LARGO, FL 33773 US	Mailing Address 7431 114TH AVE N STE 102 LARGO, FL 33773 US
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DO NOT WRITE IN THIS SPACE



04142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3143017	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

RAMEY, THELMA
3053 BRANCH DR.
CLEARWATER, FL 33760

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RAMEY, THELMA 3053 BRANCH DR. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHIFLETT, ROSE 3674 IMPERIAL RDIGE PKWY PALM HARBOR, FL 34684
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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: Thelma Ramey **THELMA RAMEY** 04/14/07 727-548-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #