


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000054630

1. Entity Name
T & L COMMERCIAL SERVICES, INC.



Principal Place of Business Mailing Address

5511 DELEON AVE **5511 DELEON AVE**
FT PIERCE, FL 34951 **FT PIERCE, FL 34951**

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1113645 Not Applicable

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

6. Name and Address of Current Registered Agent

LOVE, MICHAEL L
5511 DELEON AVE
FT PIERCE, FL 34951

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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: hand-drawn ink name of registered agent and the fee payer NOTE: Registered Agent signature required for reinstating

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	DP LOVE, MICHAEL L 5511 DELEON AVE FT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY ST ZIP	DST LOVE, JULIANN C 5511 DELEON AVE FT PIERCE, FL 34951
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 the empowered.

SIGNATURE: Julian Love (Vice Pres) Julian Love 1-25-04 7722160577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE LAST 7-DIGIT PHONE #