2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90407 023 ***150.00

DOCUMENT # P03000153115 1. Entity Name TDB GROUP, INC.						04-19-2004 90407 023 ***150.00				
Principal Place of Business 264531 ROOKERY LAKE DRIVE BONITA SPRINGS, FL 34134			Mailing Address 264531 ROOKERY LAKE DRIVE BONITA SPRINGS, FL 34134				PUPUR		El ((20) 11904 Bill	eri u ibbi
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04142004	Chg-P	CR2E03	34 (10/03)	
City & State			City & State			4. FEI Numb	ososo87			plied For Applicable
Zip	Country		Zip Coun		itry	5. Certificate	of Status Desired		8.75 Addi ee Required	
	6 Name	and Address of Current I	Registered Agent	_	Name	7. Name and	Address of New R	egistered A	gent	
	DEN GAT	1 JR E PARKWAY	Street Address			s (P.O. Box Number is Not Acceptable)				
SUITE 205 NAPLES, I					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 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFF			
TITLE RÂME TREET ADDRESS CITY-ST-ZIP	1	DAVID I DOKERY LAKE DRIVE PRINGS, FL 34134	☐ Delete ~		<u>, </u>	6431 Ro	ckery Lak	_	C Change	☐ Addition }
TITLE	D	PATRICIA Y	Delete	TITLI	E				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	264531 R	OOKERY LAKE DRIVE		STRE	ET ADDRESS 26	6431 Rc	ckery Lal	ke Dri	ve	
TITLE NAME			☐ Delete	TITLI					Change	Addition
STREET ADDRESS CITY-ST-ZIP				STRE	EET ADORESS '-ST-ZIP					
TITLE NAME			☐ Delete	TITU	. 1				Change	Addition
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TITLE NAME	1	Ţ,	Delete.	TITL NAM	• 1				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			·	1	EET ADDRESS '-ST-ZIP	No. of the	· · · · · · · · · · · · · · · · · · ·	**************************************		
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Prions #										

DAVID I. BARTON