


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90023 020 \*\*\*150.00

**DOCUMENT # P97000035726**

1. Entity Name  
 T.I.P.I INC.



Principal Place of Business 227 N. MAGNOLIA AVENUE SUITE 200 ORLANDO, FL 32801	Mailing Address 227 N. MAGNOLIA AVENUE SUITE 200 ORLANDO, FL 32801
---	---



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3443317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

ASMA, WILLIAM N P.A.  
 886 SOUTH DILLARD STREET  
 WINTER GARDEN, FL 34787

**DO NOT WRITE IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	P CHAUFFETON, ISABELLE 429 E. ALPINE STREET ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENGELHART, KIM 429 E. ALPINE STREET ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **3/11/04** **407-839-3751**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #