2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 201317

1. Entity Name
TEE DEE MANAGEMENT COMPANY



Principal Place of Business

4 BRIGHTWATER CIRCLE N.E. ST. PETERSBURG, FL 33704

Mailing Address

4 BRIGHTWATER CIRCLE N.E. ST. PETERSBURG, FL 33704

FILED Apr 22, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-0795550	Not Applicable

5. Certificate of Status Desired

No Chg-P

04162004

\$8.75 Additional Fee Required

CR2E034 (10/03)

Name and Address of Current Registered Agent

ONI D

FUDGE, TONI D 4 BRIGHTWATER CIRCLE N.E. ST PETERSBURG, FL 33704				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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campalgn I Trust Fund Contribut		\$5.00 May Be Added to Fees	U00000125874 04/23/04-80010-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUDGE, TONI D 4 BRIGHTWATER CIRCLE N.E. ST. PETERSBURG, FL 33704	TORS				
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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)(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 path; that I am an officer or director						

12. I hereby certify that the information supplied with this filling 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 727 894-7264 Days Daystme Phone #