2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCU 1. Entity Nam		# 223624				Jan 28, 2004 08:00 AM Secretary of State							
T.M.I.C., I	NC.									·			
Principal Place of Business				Mailing Address									
213 N. APOPKA AVENUE INVERNESS FL 34450 US				213 N. APOPKA AVENUE INVERNESS FL 34450 US									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite. Apt #, etc.					MOORE		CR2E034		
City & State				City & State				4. F	El Number 59-6	062442	<u>. </u>		pplied For for Applicable
<i>Z</i> ip	Gountry		Zip		Coun	Country			ertificate of Status I			\$8.75 Ac Fee Requir	
	6. Name	and Address of Current	Register	ed Agent		Name		7. N	ame and Address	of New R	egistered	Agent	·
FITZPATRICK, RICHARD S. 213 N. APOPKA AVENUE INVERNESS FL 32650							ress (P.	.O Bo	ox Number is Not A	cceptable)		
33 4 4	L: !! 4LOO	. L 32000				City	<u>. </u>				F-2	Zip Co	da
B. The above	named entit	y submits this statement fo	r the purp	oose of changing its	registere		gistere	d age	nt, or both, in the S	tate of Flo	FL rida. I am	-	
the obligat	tions of regis	ered agent.											
SIGNATURE .	Signature, typeo	or printed name of registered agent	ena like it api	picable. (NOT)	Registere	a Agent signature re	equired w	rhen reit	istating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of						,			9. Election Cam Trust Fund C				00 May Be ed to Fees
10.	,	OFFICERS AND	DIRECTO)RS	11.			ADC	NTIONS/CHANGE	TO OFF	CERS AND	DIRECTOR	3S IN 11
NAME STREET ADDRESS CITY+ST-ZIP	213 N APC	CK, RICHARD S. DPKA AVE S, FL 00000		Delete		i						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS GITY: ST-ZIP				☐ Delete		i			U00 01/28/	000010 04-800	8839 172-00	□ Change 7 150.0	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Belete	1	3				-		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Detate	E	ì				·		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Detele	3	1				· - •		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Detete	CSTY	E ET ADDRESS -SI-ZIP				·		☐ Change	☐ Addilson
12. I hereby of indicated of the corrections of the	certify that the fon this report poration or the for on an atte	e information supplied with it or supplemental report in the receiver or trustee emp achment with an address,	this filing true and owered to without off	does not qualify for accurate and that r execute this report her like empowered	tine exe ny signa as requi	mption stated ture shall have red by Chapte	in Sector the sector of the se	tion 1 ame le Florid	19.07(3)(i), Florida gal effect as if mad a Statutes; and tha	Statutes. le under d I my name	further ce bath, that I appears	rtify that the am an office in Block 10	information er or director or Block 11 if

FILED