

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90825 001 ***317.50

DOCUMENT # 698968

1. Entity Name
T. J. W. MANAGEMENT COMPANY, INC.



Principal Place of Business
**150 DUNDEE RD.
DAYTONA BEACH SHORES, FL 32118-5406**

Mailing Address
**150 DUNDEE RD.
DAYTONA BEACH SHORES, FL 32118-5406**

66418108



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04272004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2115371

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TIGHE, MICHAEL T.
150 DUNDEE ROAD
DAYTONA BEACH SHORES, FL 32118**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOODWIN, MORRIS W 150 DUNDEE RD. DAYTONA BCH SHRS, FL 32118	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIGHE, MICHAEL K. 150 DUNDEE RD DAYTONA BCH SHRS, FL 32118	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DECKER, URSULA 150 DUNDEE RD DAYTONA BEACH SHORES, F; 32118	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYS, TERRIE 150 DUNDEE RD. DAYTONA BCH SHRS, FL 32118	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Terrie J Hays*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

386-788-4546
Daytime Phone #