


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 709784 1. Entity Name TI-LI, INC.	
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Principal Place of Business 300 FLORENCE AVENUE P. O. BOX 50901 TICE, FL 33694 US	Mailing Address 300 FLORENCE AVE P. O. BOX 50901 TICE, FL 33694 US
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01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 25-3909335	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROCK, MALCOLM C.
 4180 ELLIS ROAD
 FT. MYERS, FL 33805

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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)

Filing Fee is \$61.25
Due by May 1, 2005

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	S BROCK, MALCOLM C 4180 ELLIS ROAD FT MYERS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, D 287 GIRNADA BLVD FT MYERS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMMON, BENJIMIN 4641 UNDERWOOD DRIVE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGARITY, RICHARD 4325 ORANGE WOOD AVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CREWS, LEON 4730 LONG LAKE DR. FT MYERS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, SIDNEY 568 PROSPECT ROAD FORT MYERS, FL

U00000322058
 04/21/05-80100-017 61.25

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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)(f), 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 617, 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: *Malcolm C Brock* 4/21/05 239 694 8477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #