

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90298 019 \*\*\*\*61.25

**DOCUMENT # 709784**

1. Entity Name  
 TI-LI, INC.



Principal Place of Business  
 300 FLORENCE AVENUE  
 P. O. BOX 50901  
 TICE, FL 33994 US

Mailing Address  
 300 FLORENCE AVE  
 P. O. BOX 50901  
 TICE, FL 33994 US

50011558



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
 25-3909335

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROCK, MALCOLM C.  
 4180 ELLIS ROAD  
 FT. MYERS, FL 33905

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S  Delete  
 NAME BROCK, MALCOLM C  
 STREET ADDRESS 4180 ELLIS ROAD  
 CITY-ST-ZIP FT MYERS, FL 00000

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T  Delete  
 NAME ROBERTS, D  
 STREET ADDRESS 287 GIRNADA BLVD  
 CITY-ST-ZIP FT MYERS, FL 00000

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME AMMON, BENJIMIN  
 STREET ADDRESS 4641 UNDERWOOD DRIVE  
 CITY-ST-ZIP FT MYERS, FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME MCGARITY, RICHARD  
 STREET ADDRESS 4325 ORANGE WOOD AVE  
 CITY-ST-ZIP FORT MYERS, FL 33901

TITLE C  Change  Addition  
 NAME MCGARITY, RICHARD  
 STREET ADDRESS 4325 ORANGE WOOD AVE  
 CITY-ST-ZIP FORT MYERS, FL 33901

TITLE VC  Delete  
 NAME CREWS, LEON  
 STREET ADDRESS 4730 LONG LAKE DR.  
 CITY-ST-ZIP FT MYERS, FL 00000

TITLE D  Change  Addition  
 NAME CREWS, LEON  
 STREET ADDRESS 4730 LONG LAKE DR  
 CITY-ST-ZIP FORT MYERS, FL

TITLE D  Delete  
 NAME GOULD, SIDNEY  
 STREET ADDRESS 568 PROSPECT ROAD  
 CITY-ST-ZIP FORT MYERS, FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* / MALCOLM C. BROCK 4/2/06 239 694 3477  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #