


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000000077 1. Entity Name TINGUE, BROWN & CO.	
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Principal Place of Business 535 NORTH MIDLAND AVENUE SADDLE BROOK, NJ 07662	Mailing Address 535 NORTH MIDLAND AVENUE SADDLE BROOK, NJ 07662
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**DO NOT WRITE IN THIS SPACE**



01172004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-1734394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

JORDANO, PATTY  
2450 AVENUE E SW  
WINTER HAVEN, FL 33880

**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 \_\_\_\_\_ (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	PD TINGUE, WILLIAM J 535 NORTH MIDLAND AVENUE SADDLE BROOK, NJ 07662
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MIDILI, RONALD C 535 NORTH MIDLAND AVENUE SADDLE BROOK, NJ 07662
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS HURST, JOHN L 535 NORTH MIDLAND AVENUE SADDLE BROOK, NJ 07662
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TINGUE, DAVID M 535 NORTH MIDLAND AVENUE SADDLE BROOK, NJ 07662
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIRD, RICHARD K 535 NORTH MIDLAND AVENUE SADDLE BROOK, NJ 07662
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KANDRAVY, JOHN 535 NORTH MIDLAND AVENUE SADDLE BROOK, NJ 07662

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01/28/04-80096-005 150.00

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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 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: John L Hurst 1-17-04 796-44490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #