## 2004 FOR PROFIT CORPORATION

## FILED Mar 22, 2004 8:00 am Secretary of State

ANNUAL REPURT							Secretary of State				
DOCUMENT # J86332							03-22-200	-			
1. Entity Name TFC.NET CORPORATION					Ē)						
IFC.NET	CORPORATION										
Principal Place of Business Mailing Address							0	<b>4</b> 000			
5706 BENJAMIN CENTER DR			5706 BENJAMIN CENTER DR				94033515				
SUITE 116 Tampa, Fl. 33634			SUITE 116 Tampa, Fl. 33634								
		in.	WIFA, FL 33034						an ara kan ara		
2. Principal Place of Business		3. N	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01082004	Chg-P	CR2E	034 (10/03)		
City & State		C	City & State			4. FEI Number 59-284				plied For t Applicable	
Zip	Country	Zi	p	Coun	try		of Status Desired		\$8.75 Add	itional	
Name and Address of Current Registered Agent						7. Name and	Address of New I	Registered	<del></del>		
MARTIN, EARL R H				Name							
15211 LAKE MAURINE DR				Street Addres	s (P.O. Box Numb	er is Not Acceptabl	le)				
TAMPA, FL 33556											
					City			FL	Zip Code	9	
	named entity submits this statemen	t for the pu	rpose of changing its	registere	ed office or regis	stered agent, or bo	th, in the State of Fl	lorida. Lam	familiar with,	and accept	
the obligat	tions of registered agent.		-								
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if a	applicable. (NOTE	: Registered	d Agent signature requ	rired when reinstating)		DATE			
·											
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55	0.00	_ <b>9.</b> _Election Campaig Trust Fund Contr		scing \$	55.00 May Be dded to Fees					
10.	,	ND DIRECTORS 11.				ADDITIONS/	CHANGES TO OF	FICERS AN	D DIRECTORS	S (N 11	
TITLE NAME	PST Delete MARTIN, EARL R H		☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS	15211 LAKE MAURINE DR				ET ADDRESS						
CITY-ST-ZIP	TAMPA, FL 33556			CITY-	-ST-ZIP	ı					
TITLE			Delete	TITLE	i i				Change	Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				CITY-	-ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM! STRE	ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE	, , .		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS				NAM	E Et address						
CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST - ZIP			•			
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME				NAM							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP						
	i e				1						

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 Chepter 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 life empowered.

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR