2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J96106

1. Entity Name
TFL II, INC.

Principal Place of Business	Mailing Address
11362-1 SAN JOSE BLVD. JACKSONVILLE, FL 32223	11362-1 SAN JOSE BLVD. JACKSONVILLE, FL 32223

DO NOT WRITE IN THIS SPACE

04182004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2878337	Not Applicable

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

6. Name and Address of Current Registered Agent

HUTCHINS, ROB J.
121 WEST FORSYTH STREET
SUITE 900
JACKSONVILLE, FL 32202

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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)

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	U00000129806 04/26/04-80091-025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	HANSON, PAUL E., JR.
STREET ADDRESS	942 ARLINGTON ROAD
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4-20-04   904-262-2749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #