2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 03, 2004 08:00 AM DOCUMENT # K19512 **Secretary of State** 1. Entity Name TLHWT CORPORATION Principal Place of Business Mailing Address 311 GULF BREEZE PARKWAY GULF BREEZE FL 32561 311 GULF BREEZE PARKWAY GULF BREEZE FL 32561 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc CR2E034 (11/03) MOORE City & State 4. FEI Number Applied For City & State 59-2880132 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAPOINTE, DARRYL G. Street Address (P.O. Box Number is Not Acceptable) 311 GOLF BREEZE PARKWAY **GULF BREEZE FL 32561** City 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. Lam 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE MILE ☐ Delete U00000074865 03/03/04-80036-025 150.00 LAPOINTE, DARRYL G. NAME NAME STREET ADDRESS STREET ADDRESS 311 GULF BREEZE PARKWAY GULF BREEZE FL CITY - ST - ZIP CITY - ST-ZIP Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-7IP ☐ Addition ☐ Chance ☐ Delete TITLE TITLE NAME NAME STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE MASAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition mle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 suppliemental copart 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 are received 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

G. LAPAINTE 3/27/04 850 932 9314

of the corporation denie receive changed, or on an attachment wi

SIGNATURE

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