

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90013 038 \*\*\*150.00



**DOCUMENT # K88093**  
 1. Entity Name  
**TINIMAR, INC.**

Principal Place of Business      Mailing Address  
 3101 NORTH HIGHWAY A1A      3101 NORTH HIGHWAY A1A  
 INDIALANTIC, FL 32903      INDIALANTIC, FL 32903

**DO NOT WRITE IN THIS SPACE**



04042004      No Chg-P      CR2E034 (10/03)

4. FEI Number <b>59-2948640</b>	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**  
 TELEMACHOS, NICHOLAS  
 3101 N. HWY A1A  
 INDIALANTIC, FL 32903

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	D
NAME	TELEMACHOS, NICHOLAS
STREET ADDRESS	3101 N. HWY A1A
CITY-ST-ZIP	INDIALANTIC, FL
TITLE	D
NAME	TELEMACHOS, NICHOLE
STREET ADDRESS	3101 N. HWY A1A
CITY-ST-ZIP	INDIALANTIC, FL
TITLE	D
NAME	TELEMACHOS, CHRISTINA
STREET ADDRESS	148 LANSING ISLAND DR
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL
TITLE	D
NAME	TELEMACHOS, MARIA
STREET ADDRESS	148 LANSING ISLAND DRIVE
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:** *Michelle Madsen*      Date: *April 5, 2004*      Daytime Phone #: *321-779-0825*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR