


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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

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



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2948640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TELEMACHOS, NICHOLAS
 3101 N. HWY A1A
 INDIALANTIC, FL 32903

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, 2008 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	D/P TELEMACHOS, NICHOLAS 3101 N. HWY A1A INDIALANTIC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELEMACHOS, NICHOLE 3101 N. HWY A1A INDIALANTIC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELEMACHOS, CHRISTINA 148 LANSING ISLAND DR INDIAN HARBOUR BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELEMACHOS, MARIA 148 LANSING ISLAND DRIVE INDIAN HARBOUR BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000793062
01/24/08-80034-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____