


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90237 004 \*\*\*150.00

<b>DOCUMENT # L82822</b> 1. Entity Name <b>TEAM MANAGEMENT GROUP, INC.</b>					
Principal Place of Business <del>2030 D W FIRST ST</del> <b>FT. MYERS, FL 33901-3117 US</b>			Mailing Address PO BOX 1256 FORT MYERS, FL 33901-1256		
2. Principal Place of Business <b>13860 N. Cleveland Ave.</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>B</b>		Suite, Apt. #, etc.			
City & State <b>N. FORT MYERS, FL</b>		City & State		4. FEI Number <b>65-0204465</b>	
Zip <b>33903</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SUTLIFFE, LEE F.</b> <del>2030 D W FIRST ST.</del> <del>FT. MYERS, FL 33901-3417</del>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ <b>13860-B N. Cleveland Ave.</b> City <b>N. FORT MYERS</b> <b>FL</b> Zip Code <b>33903</b>		
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 <u><i>Lee F. Sutcliffe</i></u> <b>Lee F. Sutcliffe</b> <b>4-23-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ZANDLO-SUTLIFFE, CAROL</b> <del>2030 D WEST FIRST STREET</del> <del>FT. MYERS, FL 33901-3417</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13860-B N. Cleveland Ave</b> <b>N. FORT MYERS, FL 33903</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>SUTLIFFE, LEE F</b> <del>2030 D WEST FIRST STREET</del> <del>FT. MYERS, FL 33901-3417</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP, ST</b> <b>13860-B N. Cleveland Ave</b> <b>N. FORT MYERS, FL 33903</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Lee F. Sutcliffe</i></u> <b>Lee F. Sutcliffe</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>13-April-'04 (239) 656-0990</b> <small>Date Daytime Phone #</small>		