


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90072 043 \*\*\*150.00

<b>DOCUMENT # L92722</b>	
1. Entity Name <b>TILTAMERICA CORPORATION</b>	

Principal Place of Business <b>PO BOX 951447 LAKE MARY FL 32795-1447 US</b>	Mailing Address <b>582 LAKEWORTH CIRCLE LAKE MARY FL 32746 US</b>
--	--

14006000



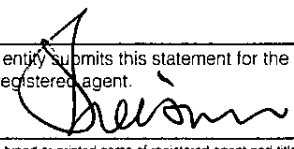
MOORE CR2E034 (11/03)

2. Principal Place of Business <b>138 PALM COAST PKWY NE Suite, Apt. #, etc. SUITE 313</b>	3. Mailing Address <b>138 PALM COAST PKWY NE Suite, Apt. #, etc. SUITE 313</b>
City & State <b>PALM COAST FL</b>	City & State <b>PALM COAST, FL</b>
Zip <b>32137</b> Country <b>USA</b>	Zip <b>32137</b> Country <b>USA</b>

4. FEI Number <b>59-3028013</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

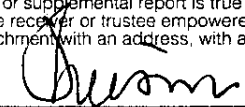
6. Name and Address of Current Registered Agent  <b>THEISEN, AMELIA 582 LAKEWORTH CIRCLE LAKE MARY FL 32746</b>
---

7. Name and Address of New Registered Agent Name <b>THEISEN, R.W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>65 SAN JUAN DR.</b> City <b>PALM COAST</b> FL <b>32137</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  <b>4-12-2004</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
---

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <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	<b>P THEISEN, R.M. 582 LAKEWORTH CIRCLE LAKE MARY FL 32746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THEISEN, R.M. 138 PALM COAST PKWY NE SUITE 313 PALM COAST, FL 32137</b> <input checked="" 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
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:  <b>R. THEISEN R.A.</b> <b>4/12/04</b> <b>386-446-8586</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #