


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # L96613 1. Entity Name TIMSON ENTERPRISES, INC.		
Principal Place of Business 1506 NE 11TH ST CAPE CORAL, FL 33909 US		Mailing Address 1506 NE 11TH ST CAPE CORAL, FL 33909 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TIMSON, LORI 1506 N.E. 11TH ST. CAPE CORAL, FL 33909		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIMSON, THOMAS 1506 N.E. 11TH ST. CAPE CORAL, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST TIMSON, LORI 1506 N.E. 11TH STREET CAPE CORAL, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, JAMES EDWARD JR 2306 SE 6TH TERRACE CAPE CORAL, FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>Lori Timson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/12/05</u> <u>239 458 3245</u> <small>Date Daytime Phone #</small>



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0208670	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/14/05-20079-016 150.00

**DO NOT WRITE
IN THIS SPACE**