

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90079 006 ****61.25

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DOCUMENT # N01000002850 1. Entity Name TI-AMO, INC.					
Principal Place of Business 1046 ALMONWOOD DR NEW PORT RICHEY, FL 34655			Mailing Address 1046 ALMONWOOD DR NEW PORT RICHEY, FL 34655		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3726209	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALENA, WILLIAM 1046 ALMONWOOD DRIVE TRINITY, FL 34655				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FILIPPONI, DOMINICK		NAME		
STREET ADDRESS	1211 ALANBROOKE ST		STREET ADDRESS		
CITY-ST-ZIP	TRINITY, FL 34655		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIMASSO, JONNY J		NAME		
STREET ADDRESS	1236 ASHBOURNE CIRCL E		STREET ADDRESS		
CITY-ST-ZIP	TRINITY, FL 34655		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAM, ALENA		NAME		
STREET ADDRESS	1046 ALMONWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	TRINITY, FL 34655		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIMASSO, JOHNNY J		NAME		
STREET ADDRESS	1236 ASHBOURNE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TRINITY, FL 34655		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COMPERCHIO, MICHAEL		NAME	D CHARLES FERRARI	
STREET ADDRESS	1245 WINDING WILLOW DRIVE		STREET ADDRESS	1135 ALANBROOKE ST	
CITY-ST-ZIP	TRINITY, FL 34655		CITY-ST-ZIP	TRINITY, FL 34655	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEPLASCO, MARIO		NAME		
STREET ADDRESS	1232 FLORA VISTA ST		STREET ADDRESS		
CITY-ST-ZIP	TRINITY, FL 34655		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 617, 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>William Alena</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1-15-04</u> <small>Date Daytime Phone #</small>		