

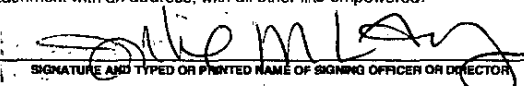


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90006 037 ***558.75

DOCUMENT # P00000065703					
1. Entity Name TJ RENEE, INC.					
Principal Place of Business 401 W FAIRBANKS AVE WINTER PARK, FL 32789			Mailing Address 401 W FAIRBANKS AVE WINTER PARK, FL 32789		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3659811	
5. Certificate of Status Desired				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LANG, JULIE M 401 W FAIRBANKS AVE WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE 				6-28-04 DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANG, JULIE M 401 W FAIRBANKS AVE WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carr, Danielle 401 W Fairbanks Ave. Winter Park, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCDANIEL, TRACY R 401 W FAIRBAKS AVE WINTER PARK, FL 32789	<input checked="" 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	VP LANG, NATHAN S 401 W FAIRBANKS AVE WINTER PARK, FL 32789	<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: 				6-28-04 407-599-9992 Date Daytime Phone #	

34060963



06302004 Chg-P CR2E034 (10/03)