


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 26, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # P00000075775</b> 1. Entity Name <b>TINMAR FOUR, INC.</b>	
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Principal Place of Business <b>329 PORTREE DRIVE DUNEDN, FL 34698</b>	Mailing Address <b>26 WHITE SWAN WAY BRICK, NJ 08723</b>
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01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3664650</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>MARTIN, HARRIET F 329 PORTREE DR. DUNEDIN, FL 34698</b>
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**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 Harriet F. Martin VICE PRES 1-20-04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MARTIN, ROBERT P 26 WHITE SWAN WAY BRICK, NJ 08723
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD MARTIN, HARRIET F 329 PORTREE DRIVE DUNEDN, FL 34698
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000000013116  
01/26/04-80040-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Robert P. Martin ROBERT P. MARTIN PRES 1-20-04 732-451-0706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #