

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000078199**  
 1. Entity Name  
**TM SPECIALTY PRODUCTS, INC.**



Principal Place of Business      Mailing Address  
**490 WEST LAKESHORE DRIVE**      **P O BOX 120755**  
**CLERMONT, FL 34711**              **CLERMONT, FL 34712**

**DO NOT WRITE IN THIS SPACE**



01072004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3666036**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CARTER, TINA M**  
**490 WEST LAKESHORE DRIVE**  
**CLERMONT, FL 34711**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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**

U00000105184  
 04/07/04-80015-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>CARTER, TINA M</b>
STREET ADDRESS	<b>490 WEST LAKESHORE DRIVE</b>
CITY - ST - ZIP	<b>CLERMONT, FL 34711</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:** Tina M. Carter (Tina M. Carter)      4/4/04      352-267-4922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #