


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90415 044 ***158.75

DOCUMENT # P00000098194 1. Entity Name TFH CORP.					
Principal Place of Business 19413 WEYMOUTH DR. LAND O' LAKES, FL 34639			Mailing Address PO BOX 2466 LAND O' LAKES, FL 34639		
2. Principal Place of Business 24814 SR 54		3. Mailing Address Suite, Apt. #, etc.			
City & State LUTZ, FL		City & State			
Zip 33559		Country USA		Zip	
Country		4. FEI Number 59-3677276			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KREISCHER, ALBERT C JR 1407 W BUSCH BLVD TAMPA, FL 33612			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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TRIPP II, DOUGLAS H 3634 SWANS LANDING DR LAND O' LAKES, FL 34639	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRIPP, JOSEPH 19102 ALICE CIRCLE LUTZ, FL 33558	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP KENT, ANNETTE J 3609 SWANS LANDING LAND O LAKES, FL 34639	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRIPP, MICHAEL E 9332 FAIRWAYS LAKE CT. TAMPA, FL 33647	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRIPP, MICHAEL E 9332 FAIRWAYS LAKE CT. TAMPA, FL 33647	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRIPP, MICHAEL E 9332 FAIRWAYS LAKE CT. TAMPA, FL 33647	<input type="checkbox"/> Delete			
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: ANNETTE J. KENT 4/15/04 813-948-0656 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					