


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90067 047 \*\*\*150.00

<b>DOCUMENT # P00000098720</b> 1. Entity Name <b>TEXAS TARP &amp; LINER, INC.</b>																													
Principal Place of Business <b>2951 SE DOMINICA TERRACE STUART, FL 34997</b>			Mailing Address <b>2951 SE DOMINICA TERRACE STUART, FL 34997</b>																										
2. Principal Place of Business <b>3353 Gran Park Way</b> Suite, Apt. #, etc.			3. Mailing Address <b>3353 Gran Park Way</b> Suite, Apt. #, etc.																										
City & State <b>Stuart FL</b>		City & State <b>Stuart FL</b>		4. FEI Number <b>65-1048059</b>																									
Zip <b>34997</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>DUNGEY, RICHARD J 1100 S FEDERAL HWY STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>CIFERRI, MICHAEL F</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1010 CHAPMAN WAY</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>PALM CITY, FL 34990</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>CIFERRI, MICHAEL F</b>		STREET ADDRESS	<b>1010 CHAPMAN WAY</b>		CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">P D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>CIFERRI, RENEE</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1010 CHAPMAN WAY</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>PALM CITY, FL 34990</b></td> <td></td> </tr> </table>			TITLE	NAME	P D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>CIFERRI, RENEE</b>		STREET ADDRESS	<b>1010 CHAPMAN WAY</b>		CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>	
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #