01/16/2005 02:43 17277330019 MFP FINANCIAL

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000015466

1. Entity Name
TEE TIME D.C. INC.

FILED
05 JAN 20 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2367 WORLD PARKWAY BLVD CLEARWATER, FL 33763	2367 WORLD PARKWAY BLVD CLEARWATER, FL 33763

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3781897
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONTORNO, DOMINIC
1505 W VIRGINIA LN
CLEARWATER, FL 33759

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's 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	D
NAME	CONTORNO, DOMINIC
STREET ADDRESS	1505 W VIRGINIA LN
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	1/7/05 80003025
CITY-ST-ZIP	150.00
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 04

1/2005

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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR
Date Daytime Phone #

2 of 2

To. whom it may concern:
From. Dominic Contorno
TREETIME DC INC

SUBJECT - LOST CHECK FOR
#150.00 WHICH WAS SENT
TO YOUR OFFICE ON 3/15/04

according to my accountent and my records this check was mailed to you before the dead line. I have check with my bank and there is no record of it being cashed. I thought I found it and mailed a copy into your office. unfortunately it was for the buyer year. 2003 So that I could get this problem out of the way I have inclosed a replacement check for 150.00 # If you find my first check please mail it back.

Dominic Contorno - Pres. President
1505 W. Virginia Ave
Clearwater FL. 33759
727-430-9004