## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2004 8:00 am Secretary of State

DOCUMENT # P0100060104  1. Entity Name T.L.M. ENTERPRISES OF JACKSONVILLE, INC.							04-27-2004 90063 004 ***150.00				
Principal Plac	e of Rusines	¢	Mailing Address			-		0 I 0 U			
7216 FIRESIDE DR.			P O BOX 2862								
JACKSONVILLE, FL 32210			JACKSONVILLE, FL 32203					4 - 1	ø.,		
•							\$184    81    68    68    68    68		(6)  63  ) 6(2)	<b>     </b>	
2. Principal P	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04212004	Chg-P	CR2E034	(10/03)	. ,	
City & State			City & State			4. FEI Number         Applied For           59-3726885         Not Applicable					
Zip	O Country		Zip Count		ntry	5. Certificate of Status Desired   \$8.75 Additi Fee Required					
>	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent					
WILLIAMS	S LEE H		Name								
7216 FIRESIDE DRIVE JACKSONVILLE, FL 32210					Street Address (P.O. Box Number is Not Acceptable)						
1											
			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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaturg) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees									-		
10.		OFFICERS AND	DIRECTORS .	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DI	RECTORS	S IN 11	
TITLE	P	0 1 5 5	☐ Delete	TITL	I				] Change	Addition	
NAME STREET ADDRESS	7216 FIR	S, LEE ESIDE DR.		NAM STR	eet adoress						
CITY-ST-ZIP		NVILLE, FL 32210			-ST-ZIP						
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STREET ADDRESS		ing the second of the second			EET ADDRESS						
CITY-ST-ZIP_	1				r-ST-ZIP	•					
12. I hereby indicated	certify that that on this repo	e information supplied of the or supplemental report in	n this filing does not qualify for s trugal d accurate and that	or the exe my signa	emption stated in Siture shall have the	ection 119.07(3)(i same legal effect	, Florida Statutes. as il made under	I further certify oath; that I am	that the in an officer	iformation or director	
of the cor changed	rporation or t I, or on an att	he receiver of rustee entp achment with An Eddress.	s true and accurate and that owered to execute this repor with a other like empowered	t as requ d.	ired by Chapter 60	7 Florida Statutes	; and that my nam	e appears in B	iock 10 or	Block 11 if	
SIGNATURE SANTIN JAMA											