2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060104

FILED
Mar 07, 2005
Secretary of State

Entity Name: T.L.M. ENTERPRISES OF JACKSONVILLE, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
7216 FIRESIDE DR. JACKSONVILLE, FL 32210	1337 29TH ST WEST JACKSONVILLE, FL 32209

Current Mailing Address:	**New Mailing Address:**
P O BOX 2862 JACKSONVILLE, FL 32203	

FEI Number: 59-3726885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
WILLIAMS, LEE H 7216 FIRESIDE DRIVE JACKSONVILLE, FL 32210 US	WILLIAMS, LEE H 1337 29TH ST WEST JACKSONVILLE, FL 32209 US

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.

SIGNATURE: ______________________________ 03/07/2005

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:		**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**	
Title:	P ( ) Delete	Title:	P (X) Change ( ) Addition
Name:	WILLIAMS, LEE	Name:	WILLIAMS, LEE H
Address:	7216 FIRESIDE DR.	Address:	1337 29TH ST WEST
City-St-Zip:	JACKSONVILLE, FL 32210	City-St-Zip:	JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE H WILLIAMS P 03/07/2005

Electronic Signature of Signing Officer or Director — Date