

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

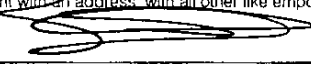
**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90048 024 \*\*\*150.00

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02112005 Chg-P CR2E034 (10/03)

|  |   |  |   |
|--|---|--|---|
| DOCUMENT # P01000104701  |   |   |   |
| 1. Entity Name<br>TFM ENTERPRISES, INC.  |   |  |   |
| Principal Place of Business<br>4021 CAREYWOOD DR<br>MELBOURNE, FL 32934  |   | Mailing Address<br>4021 CAREYWOOD DR<br>MELBOURNE, FL 32934  |   |
| 2. Principal Place of Business<br>517 A N. Harbor City Blvd<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |
| City & State<br>Melbourne FL   |   | City & State<br>S. And   |   |
| Zip<br>32935   |   | Country<br>USA   |   |
| 4. FEI Number<br>03-0383530  |   | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>MCWILLIAMS, TIMOTHY F<br>4021 CAREYWOOD DR<br>MELBOURNE, FL 32934<br>517 A N. Harbor City Blvd<br>Melbourne FL 32935  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.<br>SIGNATURE  DATE 2/10/05<br>(NOTE: Registered Agent signature required when reinstating)  |   |  |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00  |   | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DPST<br>MCWILLIAMS, TIMOTHY F<br>4021 CAREYWOOD DR<br>MELBOURNE, FL 32934<br>517 A N. Harbor City Blvd<br>Melbourne 32935 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>517 A N. Harbor City Blvd<br>Melbourne 32935 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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:    |   | Date 2/10/05 321-751-1999<br>Daytime Phone #   |   |