2004 FOR PROFIT CORPORATION ANNUAL REPORT

	: AITHORE	1751 0171			
DOCUMENT # P02000004103			S. W.	FILE	D
1. Entity Nan T&J HAU	IĻĮŅG, INC.			04 OCT 20 P	M 1: 24
		· • · · ·	The same of the sa	SECRETARY OF	E CTATE
Principal Plac	e of Business	Mailing Address		FOR TALLAHASSEE,	ELODINA
31 SEDGEWI	CK TRAIL	31 SEDGEWICK TRAIL		THE HUADOEE	T GUNDA"
	Г, FL 32164-5465	PALM COAST, FL. 3216	54-5465	THE WOULD LE	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		·			
2. Principal F	Place of Business	3. Mailing Address			
1001		Po. Box	. 54		ANTER ANTER CINES FINDS TO BE STANDED IN SECTION
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		08302004 Chg-P	CR2E034 (10/03)
City & Stat		City & State	FI.	4. FEI Number 01-0584603	Applied For Not Applicable
Zip		Zip	Country		\$9.75 Additional
3214) Flagee	32145	Et 20ms	5. Certificate of Status Desired	Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
WOLK TINA					
31 SEBSEWICK TRAIL Street Address (P.O. Box Number is Not Acceptable)					
72					
Po. Box 54 Hastings Fl. 32145 City Bunnell FL 32110					
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					
FILE NOW!!! FEE IS \$150.00 - 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 Trust Fund Contribution. S5.00 May Be Added to Fees Corporation did not receive the prior notice.					
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 11
TITLE	P. ·	☐ Delete	TITLE P.		Change Addition
NAME	WALK, TINA	1	NAME !! U	J V 1	· . ••
STREET ADDRESS CITY-ST-ZIP	31 SEDGEWICK TRAIL		· '- '	S. Box EM	
TITLE	PALM COAST, FL 321645465			lablings PL 32145	
NAME	WOLK, JAMES	Delete		ook, Bomes	Change Addition
STREET ADDRESS	31 SEDGEWICK TRAIL	•		. Box sy	į
CITY-ST-ZIP	PALM COAST, FL 321645465	·	CITY-ST-ZIP	90 try: R1 32145	}
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NAME		P	NAME : \	r.	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS.	-	
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TITLE		Delete	~Tifle		Change Addition
NAME			NAME	1	7
STREET ADDRESS			STREET ADDRESS ·	1	
CITY-ST-ZIP			C!TY-ST-ZIP	`	
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.					
1 0/16/04 001/10 10/16/04					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
	. SIGNATURE AND TYPED OR PR	MISU MANIS OF SIGNING OFFICER	ON SINECTOR	Date	Daytime Phone #

To Whom It May Concern: DUE TO THE FACT THAT WE HAVE MOVED WE WERE NOT GETTING OUR MAIL ON TIME. THEN DUE TO THE WEATHER WE WERE OUT OF POWER FOR WEEKS .I'M SORRY WE ARE LATE. OUR NEW MAILING ADDRESS IS P.O. BOX 54 HASTINGS, FL. 32145.

THANK - YOU PRES. TINA L. WOLK 10/18/04