
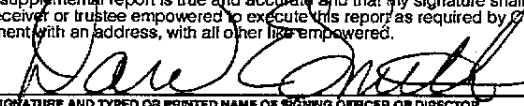


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000006329 1. Entity Name TIDY BUILDINGS, INC.		
Principal Place of Business 4601 ARCIE STREET ORLANDO, FL 32812	Mailing Address 4601 ARCIE STREET ORLANDO, FL 32812	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent SMITH, DAVID E 4601 ARCIE STREET ORLANDO, FL 32812		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, MICHELLE S 4601 ARCIE STREET ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, DAVID E 4601 ARCIE STREET ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-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 lines empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-20-04 <small>(407)</small> Daytime Phone # 273-7559



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0028288	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U00000132720
04/27/04-80056-016 150.00