2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077387

12886 FIRETHORN LN

JACKSONVILLE, FL 32246

Address:

City-St-Zip:

FILED Apr 29, 2004 Secretary of State

Entity Nar	me: T&BSF	PORTS UNLIMITED, INC.			
Current Principal Place of Business:			New Principal	New Principal Place of Business:	
	ETHORN LAN VILLE, FL 32				
Current Mailing Address:			New Mailing Address:		
	ETHORN LAN VILLE, FL 32				
FEI Number:	: 02-0635677	FEI Number Applied For ()	FEI Number Not Applicable	e () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
NOLAN, STEFANI K ESQ 9951 ATLANTIC BLVD STE 418 JACKSONVILLE, FL 32225 US			2120 CÓRPOR #16	NOLAN, STEFANI K ESQ 2120 CORPORATE SQUARE BLVD. #16 JACKSONVILLE, FL 32216 US	
	named entity of Florida.	submits this statement for the p	ourpose of changing its re	gistered office or registered agent, or both,	
SIGNATURE:				04/29/2004	
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (NOLAN, TERR 12886 FIRETH JACKSONVILI	IORN LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	POWELL, BO	ORNE CIRCLE NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	POWELL, FRA	ORNE CIRCLE NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S (NOLAN, STEF) Delete ANI K	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: STEFANI K. NOLAN 04/29/2004 S