


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000090887 1. Entity Name TMBG ENTERPRISES, INC.	
---	---

Principal Place of Business 10640 BELO HORIZONTE AVENUE CLERMONT, FL 34711	Mailing Address 10640 BELO HORIZONTE AVENUE CLERMONT, FL 34711
---	---

DO NOT WRITE IN THIS SPACE



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1546375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GODWIN, MARVIN E
10640 BELO HORIZONTE AVENUE
CLERMONT, FL 34711

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1000000104903
04/07/04-80002-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GODWIN, MARVIN E 10640 BELO HORIZONTE AVENUE CLERMONT, FL 34711
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GODWIN, MARVIN E 10640 BELO HORIZONTE AVENUE CLERMONT, FL 34711
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GODWIN, TORRY R 10640 BELO HORIZONTE AVENUE CLERMONT, FL 34711
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODWIN, BONNIE S 10640 BELO HORIZONTE AVENUE CLERMONT, FL 34711
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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: Torrey R Godwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04
Date

352-243-4907
Daytime Phone #