2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 25, 2004 8:00 am Secretary of State

DOCUMENT # P02000094071 1. Entity Name TMS TINTING, INC								03-25-2004 90033 031 ***150.00				
Principal Place of Business Mailing Address							-					
•				1950 SE 160TH AVE			94036370					
MORRISTON, FL 32668 US MORRISTON, FL 3					8 US							
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2. Principal Place of Business 3. Mailing Address												
z. Fillioparri	ace or Dusii	1633	O. Wichin	S. Mailing Address								
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			03202004	Chg-P	CR2E0	34 (10/03)		
City & State			City 8	City & State			4. FE! Numb	er		αA	plied For	
							27-003		-		t Applicable	
Žip	Zip Country			Zip Countr			5. Certificate of Status Desired S8.75 Additional					
	6 Name	and Address of Curr	ent Benisterer	1 Acent	<u> </u>		7 Name and	Address of New A		Fee Required	·	
6. Name and Address of Current Registered Agent 7. Name and Address of Name Name										.90		
KASPAR, JOHN A Sha							aron P.	ron P. Fourakre				
1721 SE 16TH AVE						Street Address (P.O. Box Number is Not Acceptable) 2691 S.E. 52nd Street						
SUITE 104 OCALA, FL 34471									•			
						City			FL	Zip Code		
	4					0ca	ala			3448	10	
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.												
Ohora D. Samaku C. Du nala 1-1												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE												
		FEE IS \$150.00 4 Fee will be \$55	ì	 Election Campa Trust Fund Conf 		·	5.00 May Be dded to Fees					
10.	OFFICERS A	is	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11			
TITLE	Р			Delete	TITU	E				Change	☐ Addition	
NAME	1	THOMAS M			NAM							
STREET ADDRESS CITY-ST-ZIP	1950 SE 160TH AVE MORRISTON, FL 32668					ET ADDRESS -ST-ZIP						
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NAME					NAM							
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CITY-ST-ZIP					CITY	-ST-ZIP						
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TITLE NAME				Delete	TITL					∟ Grange	☐ Addition	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
12. I hereby of indicated	certify that th	ne information supplied ort or supplemental repo	with this filing ort is true and a	does not qualify for	r the exe my signa	mption stated in ture shall have th	Section 119.07(3) ne same legal effe	(i), Florida Statutes.	I further cer oath; that I a	tify that the ir	nformation or director	
or the cor changed.	poration of t , or on an att	he receiver or trustee e achment with an addre	ss, with all other	er like empowered	as requi L	ned by Chapter t	วงา, คิดเหนล อเลโนโ	es, airu iriat iriy nam	e appears i	I DIOCK TO OF	DIOCK IIII	