


2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/26

FILED
Sep 30, 2004 8:00 am
Secretary of State

08-26-2004 90001 030 ***150.00

DOCUMENT # P03000015086					
1. Entity Name TFM CORPORATION					
Principal Place of Business 2996 ROBERTA STREET LARGO, FL 33771			Mailing Address 2996 ROBERTA STREET LARGO, FL 33771		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0702196	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Approved For Not Applicable	
6. Name and Address of Current Registered Agent MARTON, FAYE R 2996 ROBERTA STREET LARGO, FL 33771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 resigning)</small>					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTON, FAYE R <input type="checkbox"/> Delete 2996 ROBERTA STREET LARGO, FL 33771				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Faye R. Marton</u> <u>Faye R. Marton</u> <u>8/16/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment

CHECHELE & JENSEN, LLC

5625 Central Avenue
St. Petersburg, FL 33710

Phone: (727) 381-6007 • Facsimile: (727) 381-7909

Paul C. Jensen, Esq.

T. Samantha Chechele, Esq.

CELE/34/356
P03000015086

August 19, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: TFM Corporation

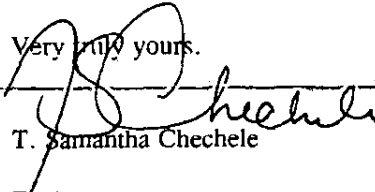
Dear Sir or Madam:

I am writing on behalf of the above-referenced corporation, concerning the 2004 UBR. The officer and shareholder of the corporation did not receive the UBR notification for 2004. When she became aware that the form was overdue, she contacted our office for assistance. Unfortunately, that was after the original due date.

Enclosed is a replacement UBR form, signed by the officer, as well as a check in the amount of \$150.00. We respectfully request that you accept that as payment in full of the 2004 renewal fee. Payment of the penalty amount would result in extreme financial hardship to the corporation's officer and shareholder.

Thank you for your consideration in this matter.

Very truly yours.


T. Samantha Chechele

Enclosures



Attachment
66434326

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 30, 2004

TFM CORPORATION
2996 ROBERTA STREET
LARGO, FL 33771

Subject: TFM CORPORATION

Reference Number: P03000015086

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rg

ANNUAL REPORTS SECTION