


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90002 039 \*\*\*150.00

<b>DOCUMENT # P03000023762</b>			
1. Entity Name <b>TOURNAMENT LODGING CONSULTANTS, INC.</b>			
Principal Place of Business <b>412 WEXFORD LEAS BLVD PALM HARBOR, FL 34683</b>		Mailing Address <b>412 WEXFORD LEAS BLVD PALM HARBOR, FL 34683</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAUERWINE, THERESA M 412 WEXFORD LEAS BLVD PALM HARBOR, FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>X Theresa Sauerwine</i>		Date: <b>7-30-04</b> Daytime Phone: <b>727-784-2288</b>	

66433177



07212004 Chg-P CR2E034 (10/03)

4. FEI Number **593768058** ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**