

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029556

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: TIMBER PINES CENTRE GROUP, INC.

## Current Principal Place of Business:

2715 FOREST ROAD  
SPRING HILL, FL 34606

## New Principal Place of Business:

## Current Mailing Address:

2715 FOREST ROAD  
SPRING HILL, FL 34606

## New Mailing Address:

FEI Number: 51-0462709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRENON, ELAINE S  
2715 FOREST ROAD  
SPRING HILL, FL 34606 US

## Name and Address of New Registered Agent:

LAMPERT, PAMELA  
2715 FOREST ROAD  
SPRING HILL, FL 34606 US

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.

SIGNATURE: PAMELA LAMPERT

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GRENON, ELAINE E  
Address: 2715 FOREST ROAD  
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Delete  
Name: LAMPERT, PAMELA  
Address: 2715 FOREST ROAD  
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Delete  
Name: PASTORI, BETTY  
Address: 2715 FOREST ROAD  
City-St-Zip: SPRING HILL, FL 34606

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: LAMPERT, PAMELA  
Address: 2715 FOREST ROAD  
City-St-Zip: SPRING HILL, FL 34606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: GRENON, ELAINE S  
Address: 2715 FOREST ROAD  
City-St-Zip: SPRING HILL, FL 34606

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.

SIGNATURE: PAMELA LAMPERS

PRES

01/08/2004

Electronic Signature of Signing Officer or Director

Date