

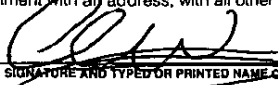


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90537 043 ***150.00

DOCUMENT # P03000037707 1. Entity Name TIGHTLINE UTILITARIAN SERVICE CORPORATION					
Principal Place of Business 10950 47TH STREET NORTH CLEARWATER, FL 33762			Mailing Address 10950 47TH STREET NORTH CLEARWATER, FL 33762		
2. Principal Place of Business 11181 43RD ST N, U.S.		3. Mailing Address PO BOX 17248			
Suite, Apt. #, etc. UNIT A		Suite, Apt. #, etc. 			
City & State CLEARWATER, FLORIDA		City & State CLEARWATER, FLORIDA			
Zip 33762		Zip 33762			
Country USA		Country USA		04212004 Chg-P CR2E034 (10/03)	
4. FEI Number 06-1693595				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIGGINS, CHRISTOPHER S II 2101 TANGLEWOOD WAY NE ST. PETERSBURG, FL 33702			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WIGGINS, CHRISTOPHER S II 2101 TANGLEWOOD WAY NE ST PETERSBURG, FL 33702	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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: 			CHRISTOPHER S WIGGINS II		
APR 23, 2004			(727) 573-4831		