## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2004 8:00 am Secretary of State

DOCUMENT # P03000041977  1. Entity Name TINMAN SERVICES, INC.							03-31-2004	1 90006	048 ***1	50.00
Principal Plac	e of Business		Mailing Address							
1622 PINE AVENUE DELAND, FL 32724			1622 PINE AVENUE DELAND, FL 32724					5	40243	ะกว
DEDAMO, TE 32724										
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212004	Chg-P	CR2E0	34 (10/03)			
City & State		City & State		4. FEI Number 32-00	071973		1—1—	plied For ot Applicable		
Zip	Zip Country		Zip	Country		5. Certificate of	Status Desired		\$8.75 Add	fitional
	6. Name	and Address of Current	Registered Agent	L		7. Name and A	ddress of New Re			
- ·-					Name					
NAHOUN, JOSEPH R 914 HARTFORD DRIVE DELAND, FL 32724					Street Address (P.O. Box Number is Not Acceptable)					
, DED	0_,									
					City			FL	Zip Cod	е
	named entity tions of registe		or the purpose of changing its	register	ed office or register	red agent, or both,	in the State of Flor	rida. 1 am f	amiliar with,	and accept
SIGNATURE.	<u>.</u>									<del></del>
	Signature, typed o	r printed name of registered agent	t and title if applicable. (NOT	E. Registere	d Agent signature required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.					ncing \$5	.00 May Be				
1	uy 1, 200-	Fee will be \$550.	.00 Trust Fund Con	tribution.		led to Fees				
10.		OFFICERS AND	DIRECTORS	tribution.		led to Fees	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
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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)(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:

D TOPED OR PRINTED NAME OF RIGHING DEPICER OR DIRECTOR

3-25-04

386-736-3500

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