2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2005 08:00 AN Secretary of State

DOCUMENT # P03000056241 1. Entity Name TLP OF CENTRAL FLORIDA, INC.		
	ddress AULT AVE IA BCH, FL 32118	1 (44/1444) (CC 44/144 (CC)) BANK BANK BANK BANK BANK BANK BANK BANK
DO NOT WRITE IN T	THIS SDACE	02212005 No Chg-P CR2E034 (10/03)
	MO OFACE	4. FEI Number Applied For 16-1669387 Not Applicable
6. Name and Address of Current Registered A	Agent	5. Certificate of Status Desired
MANGANARO, TERESA	2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	DO NOT WRITE
401 RIBAULT AVE DAYTONA BCH, FL 32118		IN THIS SPACE
The above named entity submits this statement for the purpose the obligations of registered agent.	of changing its registered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, lyped of principled name of registered agent and this is spoiled.	bie (NOTE, Registered Agent signätu	ure naquired when reinstating)
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees		
10. OFFICERS AND DIRECTORS	N. 18. 19. 19.	AND THE PROPERTY OF THE PROPER
NAME MANGANARO, TERESA STREET ADDRESS 401 RIBAULT AVE CITY-ST-ZIP DAYTONA BCH, FL 32118		U00000364598 G5/09/05-80002-010 150.00
TITLE NAME STREET ADDRESS CITY-51-ZIP	The second secon	
TITLE NAME STREET ADDRESS	19.00	
CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS		IN THIS SPACE
CITY-ST-ZIP TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	discount of the same	And the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 507, 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: 42405		