Sent By: Steve Ketover, CPA PA; 954 961 7837; Apr

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90020 035 ***150.00

54032866

04072004 Chg-P CR2E034 (10/03)

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000065634

1. Entity Name
T B M SERVICES, INC.

Principal Place of Business	Mailing Address
~~10705 PRESERVE LAKE DR #105~~	~~10705 PRESERVE LAKE DR #105~~
~~TAMPA, FL 33626~~	~~TAMPA, FL 33626~~

2. Principal Place of Business		3. Mailing Address	
19427 OTTERS WICK WAY		19427 OTTERS WICK WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LAND O LAKES FLORIDA		City & State: LAND O LAKES, FLORIDA	
Zip: 34639	Country: PASCO	Zip: 34639	Country: PASCO

4. FEI Number: 81-0619168 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONTESDEOCA, HECTOR
~~10705 PRESERVE LAKE DR #105~~
~~TAMPA, FL 33626~~
19427 OTTERS WICK WAY
LAND O LAKES, FL., 34639

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
~~19427 OTTERS WICK WAY~~

City ~~LAND O LAKES~~ FL Zip Code ~~34639~~

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MONTESDEOCA, HECTOR	
STREET ADDRESS	~~10705 PRESERVE LAKE DR #105~~ 19427 OTTERS WICK WAY	
CITY ST ZIP	TAMPA, ~~FL 33626~~ LAND O LAKES, FL., 34639	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ 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: [signature] 04/12/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #