

Sent By: Steve Ketover, CPA PA;

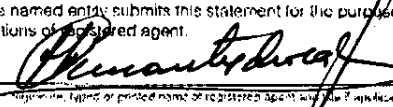
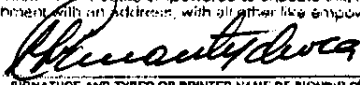
954 961 7837;

Apr

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90020 035 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000065634			
1. Entity Name T B M SERVICES, INC.			
Principal Place of Business 10705 PRESERVE LAKE DR #105 TAMPA, FL 33626		Mailing Address 10705 PRESERVE LAKE DR #105 TAMPA, FL 33626	
2. Principal Place of Business 19427 OTTERS WICK WAY Suite, Apt. #, etc.		3. Mailing Address 19427 OTTERS WICK WAY Suite, Apt. #, etc.	
City & State LAND O LAKES, FLORIDA		City & State LAND O LAKES, FLORIDA	
Zip 34639	Country PA5CO	Zip 34639	Country PA5CO
6. Name and Address of Current Registered Agent MONTEDEOCA, 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: 			
NOTE: Registered Agent Signature is required when re-registering.			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTEDEOCA, HECTOR 10705 PRESERVE LAKE DR #105 TAMPA, FL 33626 19427 OTTERS WICK WAY LAND O LAKES, FL., 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 		04/12/00A	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

54032866



04072004 Chg-P CR2E034 (10/03)

4. Fed Number 81-0619168 Applied for Not Applicable

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