


2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90042 014 \*\*\*150.00

**DOCUMENT # P03000068717**

1. Entity Name  
**TEHAMA ENTERPRISES I, INC.**



Principal Place of Business  
**10114 TIMMONS ROAD  
 THONOTOSASSA, FL 33592**

Mailing Address  
**10114 TIMMONS ROAD  
 THONOTOSASSA, FL 33592**

**94058678**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number <b>55-0835626</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LASMAN, JEFFREY M ESQ.  
 OWENS LAW GROUP, P.A.  
 811-B CYPRESS VILLAGE BOULEVARD  
 RUSKIN, FL 33573**

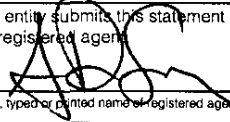
7. Name and Address of New Registered Agent

Name **ALBERTO R. SERA**

Street Address (P.O. Box Number is Not Acceptable)  
**10114 TIMMONS RD.**

City **THONOTOSASSA** FL Zip Code **33592**

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 **4/19/2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SERVA, ALBERTO R 10114 TIMMONS ROAD THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SERVA, ALBERTO R 10114 TIMMONS ROAD THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 reports 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:  DATE **4/19/2004** DAYTIME PHONE # **88-986-9541**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #