

2004 FOR PROFIT CORPORATION ANNUAL REPORT

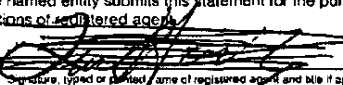
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Apr 26, 2004 8:00 am
Secretary of State

04-13-2004 90012 002 ***150.00

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02172004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000083494			
1. Entity Name T & L AND ASSOCIATES, INC.			
Principal Place of Business 2550 PALM BAY RD., SUITE 214 PALM BAY, FL 32905		Mailing Address 2550 PALM BAY RD., SUITE 214 PALM BAY, FL 32905	
2. Principal Place of Business 2550 Palm Bay Rd Suite, Apt. #, etc. Suite 106 & 107 City & State Palm Bay FL Zip 32905 Country US		3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 300193833		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMILTON, TERRI 2550 PALM BAY RD., SUITE 214 PALM BAY, FL 32905		7. Name and Address of New Registered Agent Name COMPLETE BUSINESS SOLUTIONS INC. Street Address (P.O. Box Number is Not Acceptable) 1805 CANOVA ST #2 City PALM BAY FL Zip Code 32909	
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 		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D President HAMILTON, TERRI 2550 PALM BAY RD., SUITE 214 PALM BAY, FL 32905 ☐ 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: 		321-956-8298	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	