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Apr 26, 2004 8:00 am
Secretary of State

04-13-2004 90012 002 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000083494

1. Entity Name
T & L AND ASSOCIATES, INC.

66414989

Principal Place of Business	Mailing Address
2550 PALM BAY RD., SUITE 214 PALM BAY, FL 32905	2550 PALM BAY RD., SUITE 214 PALM BAY, FL 32905

02172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2550 Palm Bay Rd	Same
Suite, Apt #, etc. Suite 106 & 107	Suite, Apt. #, etc.
City & State Palm Bay FL	City & State
Zip 32905 Country ~~Bte~~ US	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	7. Name and Address of New Registered Agent
HAMILTON, TERRI 2550 PALM BAY RD., SUITE 214 PALM BAY, FL 32905	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 [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			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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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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] 321-956-8298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #