## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 22, 2005 08:00 AM Secretary of State **DOCUMENT # P03000104375** 1. Entity Name TVO CORP. Mailing Address Principal Place of Business 1023 GRÉENBRIER BLVD 1023 GREENBRIER BLVD PENSACOLA, FL 32514 PENSACOLA, FL 32514 No Chg-P 04012005 CR2E034 (10/03) 4. FEI Number Applied For 38-3688842 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent DO NOT WRITE VO, THIEN 1242 PLATA CANADA DR CANTONMENT, FL 32533 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TIT! F VO, THIEN NAME 1242 PLATA CANADA DR STREET ADDRESS CITY-ST-ZIP CANTONMENT, FL 32533 04/22/05-80020-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 accutate 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.

**FILED**