

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90045 001 ***158.75



DOCUMENT # P03000116701

1. Entity Name

TIMOTHY LEE STRANGE, INC.

Principal Place of Business

1941 PLEASANT DRIVE
 NORTH PALM BEACH FL 33408

Mailing Address

1941 PLEASANT DRIVE
 NORTH PALM BEACH FL 33408

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State *Same as above*

City & State *Same as above*

Zip Country

Zip Country

4. FEI Number

20-0333202

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
 11380 PROSPERITY FARMS ROAD #221E
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name: *Melanie Susan Strange*
 Street Address (P.O. Box Number is Not Acceptable): *1941 Pleasant Drive*
North Palm Beach
 City: *North Palm Beach* FL Zip Code: *33408*

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

Melanie Susan Strange

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

2-9-04

DATE

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STRANGE, MELANIE S	
STREET ADDRESS	1941 PLEASANT DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRANGE, TIMOTHY L	
STREET ADDRESS	1941 PLEASANT DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Melanie Susan Strange*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-9-04 561-630-9209

Daytime Phone #