


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000116701

1. Entity Name
TIMOTHY LEE STRANGE, INC.



Principal Place of Business Mailing Address

1941 PLEASANT DRIVE 1941 PLEASANT DRIVE
 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address

Site, Apt #, etc. Site, Apt #, etc.
Same as Above *Same as Above*

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

20-0333202 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRANGE, MELANIE SUSAN
 1941 PLEASANT DRIVE
 NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
Same

City **FL** Zip Code

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* DATE **2-4-05**

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution:

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

U00000219375
 02/08/05-80025-019 158.75

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* DATE: **2-4-05** Daytime Phone #: **561-630 9209**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #