


FILED
Mar 11, 2004 8:00 am
Secretary of State

02-25-2004 90061 048 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000120663			
1. Entity Name TL PAINTING & HOME IMPROVEMENT, INC.			
Principal Place of Business 403 MELENDY STREET SW WAUCHULA, FL 33873 <i>403 Melendy St.</i>		Mailing Address 403 MELENDY STREET SW WAUCHULA, FL 33873 <i>403 Melendy St.</i>	
2. Principal Place of Business Suite, Apt. #, etc. <i>Wauchula Fla.</i>		3. Mailing Address Suite, Apt. #, etc. <i>Wauchula Fla.</i>	
City & State		City & State	
Zip <i>33873</i>	Country <i>HAND EE</i>	Zip <i>33873</i>	Country <i>HAND EE</i>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number <i>200342396</i> Applied For: <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LANHAM, THOMAS W 403 MELENDY STREET SW WAUCHULA, FL 33873		7. Name and Address of New Registered Agent Name <i>THOMAS WAYNE LANHAM</i> Street Address (P.O. Box Number is Not Acceptable) <i>403 MELENDY ST.</i> City <i>Wauchula</i> FL <i>33873</i>	
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 <i>Thomas Wayne Lanham</i> DATE <i>3/4/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P LANHAM, THOMAS W 403 MELENDY STREET SW WAUCHULA, FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANHAM, TRAVIS 403 MELENDY STREET SW WAUCHULA, FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 files empowered.			
SIGNATURE: <i>Thomas Wayne Lanham</i>		Date _____ Daytime Phone # _____	