## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## **Secretary of State** 03-22-2004 90077 025 \*\*\*150.00 **DOCUMENT # P03000122000** 1. Entity Name TMH RESTORATION, INC. 24020110 Mailing Address Principal Place of Business 2501 SOUTH OCEAN BLVD. 2501 SOUTH OCEAN BLVD. **SUITE 107** SUITE 107 BOCA RATON, FL 33432 BOCA RATON, FL 33432 US 2. Principal Place of Business+n Street 3. Mailing Address 1413 NE 25th Street Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 CR2E034 (10/03) Chg-P Applied For City & State 4. FEI Numbe City & State 14-1898741 Pompano Beach, FL Pompano Beach, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3006 US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERRERA, JOHN A Street Address (P.O. Box Number is Not Acceptable) 2501 SOUTH OCEAN BLVD. SUITE 107 BOCA RATON, FL 33432 City 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. Signature, typed or printed name of registered agent and tiffe if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D, P, S, T Delete Change Addition TITLE TITLE Thomas M. Hayden 25th Street HERRERA, JOHN A NAME NAME 1413 N.E. STREET ADDRESS 2501 SOUTH OCEAN BLVD., SUITE 107 STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TIBE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 emproved to exempt the exemption of the corporation or the receiver or trustee emproved to exempt the exemption of the corporation or the receiver or trustee emproved to exempt the exemption of the corporation or the receiver or trustee emproved to exempt the exemption of the corporation or the receiver or trustee emproved to exempt the exemption of the corporation or the receiver or trustee emproved to exempt the exemption of the corporation or the receiver or trustee emproved to exempt the exemption of the corporation or the receiver or trustee emproved to exempt the exemption of the corporation or the receiver or trustee emproved to exempt the exemption of the corporation or the receiver or trustee emproved to exempt the exemption of the corporation or the receiver or trustee emproved to exempt the exemption of the exemption of the corporation or the receiver of the exemption of the corporation of the corporation or the receiver of the exemption of

President

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