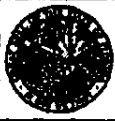


5/5/2004-90226-004-\$150.00-\$150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

04 JUN 14 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000132470			
1. Entity Name T & S OF LEHIGH, INC.			
Principal Place of Business 13056 VALEWOOD DRIVE NAPLES, FL 34119		Mailing Address 13056 VALEWOOD DRIVE NAPLES, FL 34119	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 200399365		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAHMAN, MOHAMMED M 13056 VALEWOOD DRIVE NAPLES, FL 34119		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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: <i>Mohammed M Rahman</i>		DATE	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
PD	RAHMAN, MOHAMMED M		
STREET ADDRESS	13056 VALEWOOD DRIVE	STREET ADDRESS	
CITY- ST- ZIP	NAPLES, FL 34119	CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
VSTO	HOSSIN, MOHAMMED K		
STREET ADDRESS	13056 VALEWOOD DRIVE	STREET ADDRESS	
CITY- ST- ZIP	NAPLES, FL 34119	CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
Change ☐ Addition ☐			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 the empowered.			
SIGNATURE: <i>Mohammed M Rahman</i>		4/30/04 239209-3258	