

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-04-2004 90183 012 ***150.00

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1. Entity Name

TLJ COMMUNICATIONS, INC.



Principal Place of Business

506 E PINE FOREST DR.
LYNN HAVEN FL 32444

Mailing Address

506 E PINE FOREST DR
LYNN HAVEN FL 32444

66426264



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1708 Minnesota Ave
Suite, Apt. #, etc.
Lynn Haven, FL
City & State

3. Mailing Address

P.O. Box 1545
Suite, Apt. #, etc.
Lynn Haven, FL
City & State

4. FEI Number

562425236

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip

32444

Country

Bay

Zip

32444

Country

Bay

6. Name and Address of Current Registered Agent

ALFORD, ROBERT L
506 E PINE FOREST DR
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name

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

FL

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 the agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

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 PSTD
NAME ALFORD, ROBERT L
STREET ADDRESS 506 E PINE FOREST DR
CITY-ST-ZIP LYNN HAVEN FL 32444

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Robert Alford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 2004
Date

Daytime Phone #