## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90208 026 \*\*\*150.00 DOCUMENT # P92000009945 TAMPA PALMS CLUB, INC. TAGOLUUFI Principal Place of Business Mailing Address 3030 LBJ FREEWAY 3030 LBJ FREEWAY STE 1140 STE 1140 DALLAS, TX 75234 DALLAS, TX 75234 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 03192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 75-2457726 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TIT! F ☐ Change ☐ Addition HOWE, DOUGLAS NAME NAME 3030 LBJ FRWY., #700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75234 CITY-ST-7IP TITLE VΡ Delete 🔀 TITLE Change Addition NAME DEVITZ, ROBERT NAME Tom TRIPOLI STREET ADDRESS 3030 LBJ FRWY., #700 STREET ADDRESS CITY-ST-ZIP DALLAS, TX CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HENSLEE, THOMAS NAME NAME STREET ADDRESS 3030 LBJ FRWY., #700 STREET ADDRESS CITY-ST-ZIP DALLAS, TX CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LOGMIRE, JEFF NAME NAME STREET ADDRESS 3030 LBJ FRWY., #700 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75234 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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)(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 any agrees with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

JEH LONGMIRE 3/19/04 972-243-6191 AME OF SIGNING OFFICER OR DIRECTOR

FILED