

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90434 016 ***150.00

DOCUMENT # P93000057612 1. Entity Name TE DEUM LAND COMPANY			
Principal Place of Business 400 NORTH ASHLEY PLAZA 3000 TAMPA, FL 33602		Mailing Address 400 NORTH ASHLEY PLAZA 3000 TAMPA, FL 33602	
2. Principal Place of Business 3702 WEST KENNEDY BLVD Suite, Apt. #, etc.		3. Mailing Address P.O. Box 24269 Suite, Apt. #, etc.	
City & State TAMPA, FLORIDA Zip 33609		City & State TAMPA, FLORIDA Zip 33623	
Country		Country	
4. FEI Number 59-3200655		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIKES, JAMES R 400 NORTH ASHLEY PLAZA, SUITE 3000 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3702 W. KENNEDY BLVD. City TAMPA	
State FL		Zip Code 33609	
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>James R. Mikes</i> JAMES R. MIKES 4-29-04 <small>(NOTE: Registered Agent signature required when reinstating)</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	DPST MIKES, JAMES R 400 NORTH ASHLEY PLAZA, SUITE 3000 TAMPA, FL 33602	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3702 W. KENNEDY BLVD TAMPA, FLORIDA 33609	<input type="checkbox"/> Delete	<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 like empowered.			
SIGNATURE: <i>James R. Mikes</i> JAMES R. MIKES		Date 4-29-04 Daytime Phone # 813-495-4544	