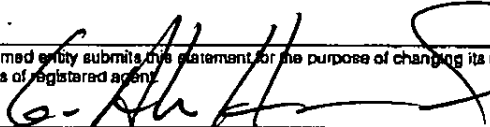
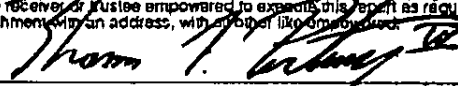


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)****FILED**
May 25, 2005 8:00 am
Secretary of State

04-29-2005 90235 017 ***150.00

DOCUMENT # P93000088122					
1. Entity Name TFP ENTERPRISES, INC.					
Principal Place of Business 5011 GATE PARKWAY STE 150 JACKSONVILLE FL 32256			Mailing Address 5011 GATE PARKWAY STE 150 JACKSONVILLE FL 32256		
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 59-3222341	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEFFEY, FRED H 6620 SOUTHPOINT DRIVE SOUTH JACKSONVILLE FL 32216			7. Name and Address of New Registered Agent Name G. Alan Howard Street Address (P.O. Box Number is Not Acceptable) 2900 50 North Laura Street Suite 2900 City Jacksonville FL 32202		
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 				DATE 5-23-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST PETWAY, THOMAS F. III 5011 GATE PARKWAY STE 150 JACKSONVILLE FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Chairman, Treasurer Thomas F. Petway, III ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETWAY, THOMAS F IV 5011 GATE PKWY., STE 150 JACKSONVILLE FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President, CEO Thomas F. Petway, IV 5011 Gate Parkway, Ste 150 Jacksonville, Florida 32256 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Monica Day 5011 Gate Parkway Ste 150 Jax FL 3225 ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Chris Emans 5011 Gate Parkway Ste 150 Jax FL 3225 ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 of					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					