

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90039 020 ***150.00

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1. Entity Name
TJMF, INC.



Principal Place of Business
1785 SEMORAN BOULEVARD
WINTER PARK, FL 32792

Mailing Address
1785 SEMORAN BOULEVARD
WINTER PARK, FL 32792

54019631



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3337445

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRZCINSKI, RONALD E.
STREET ADDRESS	12769 PATRICIA DRIVE
CITY-ST-ZIP	NORTH ROYALTON, OH 44133
TITLE	VPD
NAME	CARLSON, LAWRENCE
STREET ADDRESS	5210 PARK DRIVE
CITY-ST-ZIP	MEDINA, OH 44256
TITLE	VPD
NAME	TINCHER, PAUL
STREET ADDRESS	219 TAVESTOCK LOOP
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	VPD
NAME	JONES, GORDON
STREET ADDRESS	7109 WOODDED VILLAGE LANE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	VPD
NAME	STROUP, DOUGLAS
STREET ADDRESS	7632 VINEMONT CT
CITY-ST-ZIP	HUDSON, OH 44236
TITLE	STD
NAME	DOERMANN, PERRY
STREET ADDRESS	3646 COOK ROAD
CITY-ST-ZIP	MEDINA, OH 44256

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IN THIS SPACE**

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: Douglas B Stroup **DOUGLAS B STROUP** 3-13-04 246-661-8388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #