2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90353 044 ***150.00

DOCUMENT # P96000035834

1. Entity Name

TIAMETRI, INC.

Principal Place of Business	Mailing Address
6029 MEMORIAL HIGHWAY TAMPA FL 33615 US	6029 MEMORIAL HIGHWAY TAMPA FL 33615 US

MOORE CR2E034 (11/03)

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 59-3382615 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEVITO, TINA M
6029 MEMORIAL HIGHWAY
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name

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

City **FL** 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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVITO, TINA M 6402 FALCON COURT TAMPA FL 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVITO TINA M 7302 PELICAN ISLE DR TAMPA, FL 33634	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVITO, MELISSA A 6402 FALCON COURT TAMPA FL 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIVINO, MELISSA DEVITO 6029 MEMORIAL HWY TAMPA, FL 33615	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVITO, TRICIA L 6402 FALCON COURT TAMPA FL 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYTER, TRICIA L-DEVITO 6029 MEMORIAL HWY TAMPA, FL 33615	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVITO, MEREDITH L 6402 FALCON COURT TAMPA FL 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVITO MEREDITH L 6029 MEMORIAL HWY TAMPA, FL 33615	☑ Change ☐ 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)(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: MELISSA A. DEVITO VIVINO 4-14-04 813-243-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #