


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90041 050 \*\*\*150.00

**DOCUMENT # P96000070844**

1. Entity Name  
 TFD MANAGEMENT, INC.



Principal Place of Business  
 336 AUSTIN AVENUE  
 MARY ESTHER, FL 32569

Mailing Address  
 P.O. BOX 1831  
 DESTIN, FL 32540-1831

94060251

2. Principal Place of Business  
 775 GULF SHORE DRIVE  
 Suite, Apt. #, etc.  
 UNIT 8209

3. Mailing Address  
 775 GULF SHORE DR.  
 Suite, Apt. #, etc.  
 UNIT # 8209

City & State  
 DESTIN, FL

City & State  
 DESTIN, FL

Zip  
 32541

Country  
 USA

Zip  
 32541

Country  
 USA



04192004 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3431676

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

WALLACE, W. WADE P.A.  
 10221 WEST EMERALD COAST PARKWAY  
 SUITE 26  
 DESTIN, FL 32541

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAIGNEAULT, THOMAS JR 775 GULF SHORE DRIVE #8209 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Thomas F Daigneault / Thomas F Daigneault 5/27/20/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #