


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000070844 1. Entity Name TFD MANAGEMENT, INC.	
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Principal Place of Business 775 GULFSHORE DRIVE, UNIT 8209 DESTIN, FL 32541	Mailing Address 775 GULFSHORE DRIVE, UNIT 8209 DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE



01302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3431676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAIGNEAULT, THOMAS JR 775 GULFSHORE DRIVE #8209 DESTIN, FL 32541
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02/16/05-80019-009 150.00

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 JR 2-13-05 850-259-0399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #