


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90422 034 ***150.00

DOCUMENT # P96000091048
 1. Entity Name
 T. I. INVESTMENTS, INC. OF SARASOTA



Principal Place of Business: 5185 FAR OAK CIR. SARASOTA, FL 34238
 Mailing Address: P.O. BOX 1177 HOLMES BEACH, FL 34218

14014617



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: 5185 FAR OAK CIR.
 Suite, Apt. #, etc.

03142005 Chg-P CR2E034 (10/03)

City & State: SARASOTA, FL

4. FEI Number: 65-0752971
 Applied For: Not Applicable

Zip: 34238 Country: USA

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

6. Name and Address of Current Registered Agent
 COOPER, BEN
 3909 E. BAY DRIVE
 SUITE 110
 HOLMES BEACH, FL 34217

7. Name and Address of New Registered Agent
 Name: JOHNSON, MICHAEL
 Street Address (P.O. Box Number is Not Acceptable): 5185 FAR OAK CIRCLE
 City: SARASOTA FL Zip Code: 34238

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]* DATE: *APRIL 29 05*

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	P	<input type="checkbox"/> Delete
NAME	JOHNSON, MICHAEL T	
STREET ADDRESS	5185 FAR OAK CIR.	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COOPER, BEN A	
STREET ADDRESS	3909 E. BAY DRIVE, SUITE 110	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* DATE: *APRIL 29 05* 944 284

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