

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


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

05-02-2005 90422 034 \*\*\*150.00

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03142005 Chg-P CR2E034 (10/03)

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			
2. Principal Place of Business		3. Mailing Address 5185 FAR OAK CIR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		4. FEI Number 65-0752971	
Zip 34238		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
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: X MICHAEL JOHNSON 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. <input type="checkbox"/> \$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 JOHNSON, MICHAEL T 5185 FAR OAK CIR. SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COOPER, BEN A 3909 E. BAY DRIVE, SUITE 110 HOLMES BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X MICHAEL JOHNSON		DATE: APRIL 29 05 DAYTIME PHONE: 941 284	

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