

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90009 045 ***150.00

DOCUMENT # P96000098521 1. Entity Name TIN LIZZIE, INC.					
Principal Place of Business 109 WEST FIRST STREET SANFORD FL 32776			Mailing Address 109 WEST FIRST STREET SANFORD FL 32776		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3414181 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent OLSON, TERRY L 109 WEST FIRST STREET SANFORD FL 32776				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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. <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 OLSON, TERRY 401 W. SEMINOLE BLVD APT 39 BLDG B SANFORD FL 32771 <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	VP OLSON, ERIC C 401 W. SEMINOLE BLVD APT 63 BLDG C <i>NEW ADDRESS</i> SANFORD FL 32771 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLSON, ERIC C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29 MESSENGER STREET TOMBS RIVER, N.J. 08753 <i>(OF ADDRESS ONLY)</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLSON, RONALD 8707 34TH AVE <i>NEW ADDRESS</i> COLLEGE PARK MD 20740 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLSON, RONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29 MESSENGER STREET TOMBS RIVER, N.J. 08753 <i>(OF ADDRESS ONLY)</i>	
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	
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	
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: <i>Terry L. Olson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>President</i> <small>Date</small> 2-9-04 <small>Daytime Phone #</small> 401-321-1908		