## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000098521

Entity Name: TIN LIZZIE, INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

109 WEST FIRST STREET SANFORD, FL 32776

Current Mailing Address: New Mailing Address:

109 WEST FIRST STREET SANFORD, FL 32776

FEI Number: 59-3414181 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLSON, TERRY L 109 WEST FIRST STREET SANFORD, FL 32776 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete

Name: OLSON, TERRY
Address: 401 W. SEMINOLE BLVD APT 39 BLDG B

City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: OLSON, ERIC C
Address: 29 MESSENGER ST

Address: 29 MESSENGER ST City-St-Zip: TOMS RIVER, NJ 08753

Title: S ( ) Delete
Name: OLSON, RONALD

Address: 29 MESSENGER STREET City-St-Zip: TOMS RIVER, NJ 08753

Title: P (X) Change ( ) Addition

 Name:
 OLSON, TERRY

 Address:
 271 W GARDENIA DR

 City-St-Zip:
 ORANGE CITY, FL 32763

Title: VP (X) Change ( ) Addition

 Name:
 OLSON, ERIC C

 Address:
 271 W GARDENIA DR

 City-St-Zip:
 ORANGE CITY, FL 32763

Title: S (X) Change ( ) Addition

Name: OLSON, RONALD Address: 328 KENTWOOD BLVD City-St-Zip: BRICK, NJ 08724

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY OLSON PRES 04/27/2005