


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90099 045 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P97000002294</b><br>1. Entity Name<br>TPL DEVELOPMENT, INC.   |  |   |   |  |  |
| Principal Place of Business<br>800 N HIGHLAND AV<br>STE 200<br>ORLANDO, FL 32803  |  |   | Mailing Address<br>800 N HIGHLAND AV<br>STE 200<br>ORLANDO, FL 32803  |   |  |
| 2. Principal Place of Business<br><i>800 N. Highland Ave</i>  |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   |   |  |
| Zip   | Country  | Zip   | Country   |   |  |
| 4. FEI Number<br><b>59-3427045</b>  |  |   | Applied For<br>Not Applicable   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   | <b>\$8.75</b> Additional Fee Required   |   |  |
| 6. Name and Address of Current Registered Agent<br><br>B&C CORPORATE SERVICES OF CENTRAL FLORIDA<br>390 N ORANGE AVENUE<br>SUITE 1100<br>ORLANDO, FL 32801  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LAWLER, THOMAS PATRICK<br>3200 SOUTH HIAWASSEE RD, STE 206<br>ORLANDO, FL 32835 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 9 Pine Street<br>Windermere, FL 34786-8549  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| 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>Thomas P. Lawler</i>  |  |   | Date: <i>4-15-04</i> Daytime Phone #: <i>407-292-7717</i>   |   |  |