2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED Feb.14, 2004 08:00 AM Secretary of State

ANNUAL KEPUKI				red 14, 2004 va:00 A.W	
DOCU	MENT # P9700000234	15		Secretary of State	
	TED GROUP, INC.	و د و د د د د د د د د د د د د د د د د د			
Principal Plac	ce of Business	Mailing Address	·		
		615 N. MISSOURI AVENUE			
LARGO, FL	33770 US	LARGO, FL 33770 US			
<u></u>	,		<u> </u>		
			-		
	A NOT WOITE	N THIO ODA	<b>^</b> _	01212004 No Chg-P CR2E034 (10/03)	
L	OO NOT WRITE I	N I HIS SPA	CE	4. FE! Number 59-3418753	Applied Fo
				5. Certificate of Status Desired	_ \$9.75 Additional
	6. Name and Address of Current Reg	istered Agent			1 50 1 1 54 2 1 5 2
LOVELACE, WILLIAM K ESQ.				DO NOT 1	ma
2310 WEST BAY DRIVE				DO NOT W	VKIIE
LARGO, FL 33770			}	IN THIS SI	PACE
			į		
8. The above	named entity submits this statement for the	purpose of changing its register	ed office or registe	red agent, or both, in the State of F	forida. I am familiar with, and acc
	tions of registered agent.		•		
SIGNATURE	Signature, typed or printed name of registered agent and lit	e if applicable (NOTE, Registere	d Agent signature require	d when reinstating)	DATE WATER SET
<i>-</i>	the same of the sa	y romanica and house or comply Marine,	3-27		Till A have
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			~	ded to Fees	
10.	QFFICERS AND DIRE	CTORS .		-	
TITLE NAME	P JULIANO, ANTHONY		H		
STREET ADDRESS	615 N. MISSOURI AVENUE		j		
CITY-ST-ZIP	LARGO, FL 33770		<u> </u>	U000000515	89
TITLE		-	l.	02/16/04-8009	36-021 150 <b>.</b> 00
NAME STREET ADDRESS					
CITY-ST-ZIP			1		
TITLE			1	A CONTRACTOR OF THE CONTRACTOR	•
NAME					
STREET ADDRESS CITY-ST-ZIP				DO NOT V	VRITE
TITLE				And the second s	·
NAME				IN THIS S	PACE
STREET ADDRESS					
CITY-ST-ZIP				ere en reservir en m	
TITLE	!				

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 direct 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 changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

NAME STREET ADDRESS CITY - ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

- ouridon