


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
-Secretary of State

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|---|---|
| DOCUMENT # P97000076500 1. Entity Name ALICE TIETJEN, INC. |  |
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| Principal Place of Business 4720 SOUTHBREEZE DR TAMPA, FL 33624 33 | Mailing Address 4720 SOUTHBREEZE DR TAMPA, FL 33624 33 |
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DO NOT WRITE IN THIS SPACE



02252005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3466947 | Applied For Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent TIETJEN, ALICE 4720 SOUTHBREEZE DR TAMPA, FL 33624 |
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IN THIS SPACE**

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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

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|---|---|---------------------------------------|
| 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 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVST TIETJEN, ALICE 4720 SOUTHBREEZE DR TAMPA, FL 33624 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D TIETJEN, ALICE 4720 SOUTHBREEZE DR TAMPA, FL 33624 |
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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)(f), 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.

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| SIGNATURE: <u>Alice Tietjen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <u>3/7/05</u> <small>Date</small> | <u>813-968-1880</u> <small>Daytime Phone #</small> |
|--|--------------------------------------|---|