2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018255

Entity Name: TIM STYLES, INC.

FILED Mar 27, 2004 Secretary of State

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

8141 SAN CARLOS BLVD. S.E 153 MARLIN CIRCLE FT. MYERS, FL 33912 PANAMA CITY, FL 32408

Current Mailing Address: New Mailing Address:

8141 SAN CARLOS BLVD. S.E P.O. BOX 27741

FT. MYERS, FL 33912 PANAMA CITY, FL 32411

FEI Number: 65-0171905 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:

 STYLES, TIM F
 8141 SAN CARLOS BLVD. S.E
 P.O. BOX 27741

 FT. MYERS, FL 33912
 PANAMA CITY, FL 32411

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: TIM F. STYLES 03/27/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 STYLES, TIM FLYNN
 Name:
 STYLES, TIM FLYNN

 Address:
 8141 SAN CARLOS BLVD. S.E
 Address:
 P.O. BOX 27741

 City-St-Zip:
 FT. MYERS, FL 33912
 City-St-Zip:
 PANAMA CITY, FL 32411

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: TIM FLYNN STYLES D 03/27/2004