


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90028 028 ***150.00

DOCUMENT # P98000046271	
1. Entity Name TIMMY'S TOY CHEST, INC.	

Principal Place of Business 1210 S INTERNATIONAL PKWY STE 122 LAKE MARY, FL 32746	Mailing Address 200 E ROBINSON STREET SUITE 500 ORLANDO, FL 32801
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94020700

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 20 N ORANGE AVE Suite, Apt. #, etc. SUITE 407
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City & State	City & State
Zip	Country

01132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3518265	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 HENDRY, STONER, DELANCETT & BROWN P.A. 20 N. ORANGE AVENUE ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
SUITE 407	
City	FL 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 <i>[Signature]</i> 2/23/04	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HANZELKO, LINDA 1708 IVERNESS COURT LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 an other like empowered.

SIGNATURE: <i>[Signature]</i> Linda Hanzelko	Date: 2/18/04	Daytime Phone #: 407-804-9877
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