


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000059809	
1. Entity Name LOA-TLH, INC.	

Principal Place of Business 3600 WEEMS RD., #H TALLAHASSEE, FL 32308	Mailing Address 6008 BUCKLAKE ROAD TALLAHASSEE, FL 32317
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FILED

04 APR 22 PM 4: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04142004 No Chg-P CR2E034 (10/03) 04

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3524688	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  CONOLY, PAMELA R 6008 BUCKLAKE RD. TALLAHASSEE, FL 32317
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**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	500035801025 05/10/04--01037--011 **100.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONOLY, PAMELA R 6008 BUCKLAKE ROAD TALLAHASSEE, FL 32317
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500035801025  
05/10/04--01037--012 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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: Pamela Conoly for LOA-TLH, Inc 4/14/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #