

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90063 037 ***150.00

DOCUMENT # P98000074612

1. Entity Name
TMP AND ASSOCIATES, INC.



Principal Place of Business
**6900 PHILLIPS HWY
STE 1
JACKSONVILLE, FL 32216**

Mailing Address
**6900 PHILLIPS HWY
STE 1
JACKSONVILLE, FL 32216**



02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3531050

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONNER, MICHAEL R
6900 PHILLIPS HWY STE 1
JACKSONVILLE, FL 32216**

**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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KIELEY, TERRY
STREET ADDRESS	6900 PHILLIPS HWY, STE 1
CITY-ST-ZIP	JACKSONVILLE, FL 32216

TITLE	DST
NAME	CONNOR, MICHAEL R
STREET ADDRESS	6900 PHILLIPS HWY STE 1
CITY-ST-ZIP	JACKSONVILLE, FL 32216

TITLE	DVP
NAME	WEBER, PAUL A
STREET ADDRESS	6900 PHILLIPS HWY STE 1
CITY-ST-ZIP	JACKSONVILLE, FL 32216

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Michael R Connor* **Michael R Connor** 3-9-04 904-332-0767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #