2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90318 022 ***150.00

DOCUMENT # P98000074612

1. Entity Name
TMP AND ASSOCIATES, INC.

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

2. Principal Place of Business	3. Mailing Address
9310 OLD KINGS RD S.	9310 OLD KINGS RD S.
Suite, Apt. #, etc. STE 1301	Suite, Apt. #, etc. STE 1301
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32257 Country US	Zip 32257 Country US

04192005 Chg-P CR2E034 (10/03)

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	7. Name and Address of New Registered Agent
CONNER, MICHAEL R 6900 PHILLIPS HWY STE 1 JACKSONVILLE, FL 32216	Name Street Address (P.O. Box Number is Not Acceptable) 9310 OLD KINGS RD S STE 1301 City JACKSONVILLE FL Zip Code 32257

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KIELEY, TERRY 6900 PHILLIPS HWY, STE 1 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9310 OLD KINGS RD S., STE 1301 JACKSONVILLE, FL 32257
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST CONNOR, MICHAEL R 6900 PHILLIPS HWY STE 1 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9310 OLD KINGS RD S., STE 1301 JACKSONVILLE, FL 32257
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WEBER, PAUL A 6900 PHILLIPS HWY STE 1 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9310 OLD KINGS RD S., STE 1301 JACKSONVILLE, FL 32257
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Conner 4-22-05 904-332-0767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #