


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000094440 1. Entity Name TMGL, INC.	
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Principal Place of Business 43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689	Mailing Address P.O. BOX 1608 TARPON SPRINGS, FL 34688-1608
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01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3546944	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FRIEDLAND, LEW 48309 US HWY 19 N TARPON SPRINGS, FL 34689
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEDLAND, LEW 43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUNDY, SHEA T 43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ALDRIDGE, DANIEL 43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FORD, DAVID S 43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/09/04-80029-021 150.00

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW FRIEDLAND

Date

2/4/04

Daytime Phone #

727-942-2591