2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

ANNUAL REPORT					ŞCCI	ctary '	or State
DOCUMENT # P98000100375] .			
1. Entity Name							
TILBOR MARKETING & DEVELOPMENT INC.							
Principal Plac	ce of Business	Mailing Address		1			
	1707 VAN KLEECK 4707 VAN KLEECK			Ì			
NEW SMYRN	SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 3216		59	1			
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				04292004	No Chg-P	CR2E034	10/03)
DO NOT WRITE IN THIS SPACE			SE				
				4. FEI Number 59-354			Applied For
							Not Applicable 75 Additional
di manangan				5. Certificate	of Status Desired		Required
	6. Name and Address of Current Re	egistered Agent	24700年				
WRIGHT, THOMAS D 340 N CAUSEWAY NEW SMYRNA BEACH, FL 32169							187
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			e a Maria de la Caraca				
8. The above	named entity submits this statement for t	he purpose of changing its registers	ed office or register	red agent, or bot	h, in the State of Flor	ida. I am fami	iar with, and accept
the obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of registored agent and tide if applicable. (NOTE, Registored Agent signature required when reinstating) DATE							
FILE NOWIN EEE (S \$150.00 9. Election Campaign Financing \$5.0					U0000	00154357	-025 150.00
After M	.E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00			.00 May Be ed to Fees	05/04/04	1-80163-	-025 150.00
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ITLE	DPT CFFICERS AND DI	nec Ions					
NAME	TILBOR, NEIL						
STREET ADORESS	4707 VAN KLEECK						
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169						
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STREET ADDRESS	CAMPBELL, LORI M 4707 VAN KLEECK DRIVE						
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	,					
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CITY-ST-ZIP				The state of the s		geral of I give	
 I hereby of indicated 	pertify that the information supplied with the on this report or supplemental report is the	is filling does not qualify for the exer ue and accurate and that my signati	nption stated in Secure shall have the s	ction 119.07(3)(7), Florida Statutes. I f Las if made under os	urther certify th	at the information
of the cor changed.	on this report or supplemental report is in poration or the receiver or trustee empow, or on an attachment with an address, with	ered to execute this report as required to execute this report as required to the report of the empowered.	ed by Chapter 607	, Florida Statutes	s; and that my name	appears in Bio	ck 10 or Block 11 if
	ail h	and M. M. In	in C	- oh all	\ \ID	1//2	A/ALI
SIGNAT		TED NAME OF SIGNING OFFICER OR DIRECT	1 111. (a	HYDEH	<u> </u>	4/20	1-010
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