



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P98000100375 1. Entity Name TILBOR MARKETING & DEVELOPMENT INC.			
Principal Place of Business 4707 VAN KLEECK NEW SMYRNA BEACH, FL 32169		Mailing Address 4707 VAN KLEECK NEW SMYRNA BEACH, FL 32169	
DO NOT WRITE IN THIS SPACE		 04292004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3545588		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, THOMAS D 340 N CAUSEWAY NEW SMYRNA BEACH, FL 32169		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 re/instating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	DPT		
NAME	TILBOR, NEIL		
STREET ADDRESS	4707 VAN KLEECK		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		
TITLE	VS		
NAME	CAMPBELL, LORI M		
STREET ADDRESS	4707 VAN KLEECK DRIVE		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: <i>Lori M. Campbell</i> , Lori M. Campbell, VP		4/30/04	