

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90301 021 ***150.00

DOCUMENT # P99000093495 1. Entity Name THE T-SHIRT CONNECTION, INC.																													
Principal Place of Business 4740 CONSTELLATION DRIVE GULF BREEZE, FL 32561			Mailing Address 4740 CONSTELLATION DRIVE GULF BREEZE, FL 32561																										
2. Principal Place of Business 2660 Settlers Square		3. Mailing Address 2660 Settlers Square																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State Gulf Breeze, FL		City & State Gulf Breeze, FL		4. FEI Number 59-3608139																									
Zip 32561		Country		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 AKIN, BRIAN 4740 CONSTELLATION DRIVE GULF BREEZE, FL 32561			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2660 Settlers Square City Gulf Breeze FL Zip Code 32561																										
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 _____																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D AKIN, BRIAN</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>AKIN, BRIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4740 CONSTELLATION DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GULF BREEZE, FL 32561</td> <td></td> </tr> </table>			TITLE	D AKIN, BRIAN	<input type="checkbox"/> Delete	NAME	AKIN, BRIAN		STREET ADDRESS	4740 CONSTELLATION DR		CITY-ST-ZIP	GULF BREEZE, FL 32561		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td>2660 Settlers Square</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Gulf Breeze, FL 32561</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		NAME	2660 Settlers Square		STREET ADDRESS	Gulf Breeze, FL 32561		CITY-ST-ZIP		
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SIGNATURE: *Brian P Akin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian P Akin

4/8/04

Daytime Phone #

850-916-0344