

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90002 030 \*\*\*150.00

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01082004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # S23535</b> 1. Entity Name <b>THE TIMBERLAKE FINANCIAL GROUP, INC.</b>					
Principal Place of Business P.O BOX 20146 SUITE 101 TAMPA, FL 33622-7146			Mailing Address P.O BOX 20146 SUITE 101 TAMPA, FL 33622-7146		
2. Principal Place of Business <i>2701 NORTH HIMES AVE</i>		3. Mailing Address <i>PO BOX 20146</i>		4. FEI Number <b>59-3043502</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc. <i>SUITE 201</i>		Suite, Apt. #, etc.			
City & State <i>TAMPA</i>		City & State <i>TAMPA</i>			
Zip <i>33607</i>		Zip <i>33622-7146</i>			
6. Name and Address of Current Registered Agent <b>TIMBERLAKE, THOMAS A.</b> <b>2701 N HIMES #201</b> <b>TAMPA, FL 33607</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <i>Thomas Timberlake</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>1/9/04</i>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TIMBERLAKE, THOMAS A. 2701 N HIMES #201 TAMPA, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARODEGUAS, RAQUEL J. 2701 N. HIMES AVENUE 101 TAMPA, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Thomas Timberlake</i> <b>THOMAS TIMBERLAKE</b> <i>1/9/04</i> <b>813-879-1170</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					