


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S96749
 1. Entity Name
T & L MULLER ENTERPIRSES INC.



Principal Place of Business
**1718 MAGDALENE MANOR DR
 TAMPA, FL 33613 US**

Mailing Address
**1718 MAGDALENE MANOR DR
 TAMPA, FL 33616**

DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3098443 Applied For
 Not Applicable

5. Certificate of Status Destroyed **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MULLER, JOHN T.
 1718 MAGDALENE MANOR DR
 TAMPA, FL 33613**

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 _____

**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**

U00000061548
 02/23/04-80085-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MULLER, JOHN T.
STREET ADDRESS	1718 MAGDALENE MANOR DR
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: John T. Muller **JOHN T. MULLER** 2/18/04 8139612757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #