


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 28, 2005 08:00 AM  
Secretary of State

DOCUMENT # V38106 1. Entity Name TENN. TEAM, INC.	
---------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 10 SE 4TH AVE DELRAY BEACH, FL 33483 US	Mailing Address 10 SE 4TH AVE. DELRAY BCH, FL 33483 US
---------------------------------------------------------------------------	--------------------------------------------------------------



01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0331399	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LOWERY, ELOISE 10 SE 4TH AVE. DELRAY BCH, FL 33483
-----------------------------------------------------------------------------------------------------------------

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LOWERY, ELOISE 10 SE 4TH AVE. DELRAY BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST LOWERY, ELOISE 10 SE 4TH AVE. DELRAY BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000202408 01/28/05-80110-009 158.75
<b>DO NOT WRITE IN THIS SPACE</b>

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: Eloise (Ellie) Lowery Eloise (Ellie) Lowery 1-17-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #