

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90016 008 ***550.00

DOCUMENT # 255680 1. Entity Name TSFL HOLDING CORPORATION					
Principal Place of Business 6805 ROUTE 202 NEW HOPE, PA 18938 US			Mailing Address 6805 ROUTE 202 NEW HOPE, PA 18938 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-0954868			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BATTISTA, GABRIEL		NAME		
STREET ADDRESS	12020 SUNRISE VALLEY DR.		STREET ADDRESS		
CITY- ST- ZIP	RESTON, VA 20191		CITY- ST- ZIP		
TITLE	SD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LAWN, ALOYSIUS T IV		NAME		
STREET ADDRESS	6805 ROUTE 202		STREET ADDRESS		
CITY- ST- ZIP	NEW HOPE, PA 18938		CITY- ST- ZIP		
TITLE	TD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MEYERCORD, EDWARD		NAME		
STREET ADDRESS	6805 ROUTE 202		STREET ADDRESS		
CITY- ST- ZIP	NEW HOPE, PA 18938		CITY- ST- ZIP		
TITLE	VD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WALSH, THOMAS		NAME		
STREET ADDRESS	6805 ROUTE 202		STREET ADDRESS		
CITY- ST- ZIP	NEW HOPE, PA 18938		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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>Aloysius T. Lawn</i>			Date: 7/13/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 215 862 1500		