


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90016 049 \*\*\*150.00

DOCUMENT # P03000064885			
1. Entity Name T5 FOAM WORKS, INC.			
Principal Place of Business 16412 AVILA BLVD. TAMPA, FL 33613		Mailing Address 16412 AVILA BLVD. TAMPA, FL 33613	
2. Principal Place of Business 14320 Carlson Circle Suite, Apt. #, etc.		3. Mailing Address 14320 Carlson Circle Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33626	Country U.S.A.	Zip 33626	Country U.S.A.
4. FEI Number 57-1170954		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HATCHER, DAVID B II 16412 AVILA BLVD. TAMPA, FL 33613		7. Name and Address of New Registered Agent Name Hatcher, David B. II Street Address (P.O. Box Number is Not Acceptable) 14320 Carlson Circle City Tampa FL Zip Code 33626	
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>David B. Hatcher II</i> DAVID B. HATCHER II DATE 3/3/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		President David B. Hatcher II 14320 Carlson Circle Tampa FL 33626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		T Robert A. Temple 14320 Carlson Circle Tampa FL 33626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		S Robert A. Temple 14320 Carlson Circle Tampa FL 33626	
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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>David B. Hatcher II</i> DAVID B. HATCHER II		Date	Daytime Phone #
		3/3/04	(813) 814-9936

