


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000077411 1. Entity Name THE TRUST COMPANY OF FLORIDA	
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Principal Place of Business 1620 PLACIDA RD ENGLEWOOD, FL 34223	Mailing Address 1620 PLACIDA RD ENGLEWOOD, FL 34223
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03172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1003849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRANDT, JAMES J 420 ANCHORAGE DRIVE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAYLOR, WILLIAM R JR 614 FOUR BAYS DR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LASCELLE, PHILIP M 845 TROPICAL CIR SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOMBARD, JAMES M 888 BOULEVARD OF THE ARTS #1906 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/C MORRISON, RICHARD M NO 7 PEEKINS COVE BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOUNDAS, MARY G 5919 DIANA ROAD VENICE, FL 34293

**DO NOT WRITE IN THIS SPACE**

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 04/29/04-R0152-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mary G Toundas* **3/1/04** **941-486-8994**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**MARY G TOUNDAS**