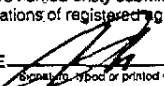
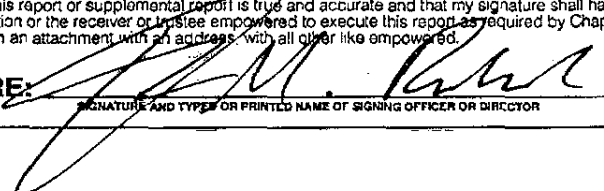


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000043183		
1. Entity Name TNCF ENTERPRISES, INC.		
Principal Place of Business 2600 MARSHCREEK LN 202 NAPLES, FL 34119		Mailing Address 2600 MARSHCREEK LN 202 NAPLES, FL 34119
DO NOT WRITE IN THIS SPACE		
		
04202005 No Chg-P CR2E034 (10/03)		
4. FEI Number 94-3430657		Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
RUMBOLO, THERESE 2600 MARSHCREEK CN 202 NAPLES, FL 34119		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, 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	DPST RUMBOLO, THERESE 2600 MARSHCREEK LN 202 NAPLES, FL 34119	DO NOT WRITE IN THIS SPACE 05/03/05-80031-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS 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)(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: 		04/27/05 (239) 207-9100
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #