STREET ADDRESS CITY-ST-ZIP

## **2008 FOR PROFIT CORPORATION**

**FILED ANNUAL REPORT** Jan 31, 2008 08:00 AM **Secretary of State DOCUMENT # P04000028176** TLC MODELS AND MORE INC Principal Place of Business Mailing Address **5 CHINOOK COURT 5 CHINOOK COURT** PALM COAST, FL 32137 PALM COAST, FL 32137 No Chg-P 01272008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0715405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOGUIDICE, JOE DO NOT WRITE 1515 RIDGEWOOD AVE IN THIS SPACE HOLLY HILL, FL 32117 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. . Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE GORDON, ANN NAME STREET ADDRESS **5 CHINOOK COURT** PALM COAST, FL 32137 CITY-ST-ZIP TITLE U00000809538 GORDON, WILLIAM E NAME 02/08/08-80026-024 158.75 STREET ADDRESS 5 CHINOOK CT PALM COAST, FL 32137 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:	an Grelen	ANN Grandon	125/08	386-447-9476
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytima Phone #