

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # V23235 1. Entity Name TCL SUBS, INC.	
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Principal Place of Business 2671 S WOODLAND BLVD DELAND, FL 32720	Mailing Address 2671 S WOODLAND BLVD DELAND, FL 32720
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03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3115607	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ORTIZ-SNOWDEN, SUSAN 2529 DERBY DRIVE DELTONA, FL 32738
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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000126750
04/23/04-80047-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SNOWDEN, SUSAN 2529 DERBY DRIVE DELTONA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NAPOLITANO, TAMARA 2529 DERBY DRIVE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ORTIZ, CHERYL 2502 LAWLER LANE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: Susan O. Snowden 4-19-04 386 798-5966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Susan O. Snowden