2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V23235

Title:

Name:

Address:

City-St-Zip:

Entity Name: TCL SUBS, INC.

FILED Aug 14, 2008 Secretary of State

Littly Hall	ile. TOL SOBS	, IIVC.			
Current Principal Place of Business:			New Principal Place of Business:		
2671 S WC DELAND, F	OODLAND BLVI FL 32720)			
Current Mailing Address:			New Mailing Address:		
2671 S WC DELAND, F	OODLAND BLVI FL 32720)			
FEI Number:	59-3115607	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ORTIZ-SNO 2529 DERE DELTONA,		N JS			
The above in the State	named entity รเ of Florida.	bmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () E SNOWDEN, SUS 2529 DERBY DR DELTONA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ()E NAPOLITANO, TA 108 NORRIS PLA CASSELBERRY,	CE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () E KALETA, LISA 1205 ELKCAM B DELTONA, FL 32		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SUSAN SNOWDEN PD 08/14/2008

() Delete

KELCTA, LISA

2529 DORBY DR

DELTONA, FL 32738

(X) Change () Addition

DOUTHIT, CHERYL

1205 ELKCAM BLVD

DELTONA, FL 32738