

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # 188850

1. Entity Name
T C P C CORPORATION



Principal Place of Business

**10001 EAST BAY HARBOR DR.
1-N
BAY HARBOR ISLANDS, FL 33154**

Mailing Address

**10001 EAST BAY HARBOR DR.
1-N
BAY HARBOR ISLANDS, FL 33154**



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0791940

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAUSER, MARC ESQ.
1111 KANE CONCOURSE
616
BAY HARBOR ISLAND, FL 33154**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000909427
05/06/08-80069-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELSTEAD, THOMAS 10001 E BAY HARBOUR DR #3-S MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMONS, MITTIE F 10001 E. BAY HARBOR DR., #1-N BAY HARBOR ISLANDS., FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPERENA, GABRIEL 10001 E BAY HARBOR DR., #1-S BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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:

THOMAS WELSTEAD PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #