2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 571020

1. Entity Name
TLC PROPERTIES, INC.

Principal Place of Business	Mailing Address
2735 PICKETVILLE RD JACKSONVILLE, FL 32220 US	2735 PICKETVILLE RD JACKSONVILLE, FL 32220 US

DO NOT WRITE IN THIS SPACE

01122007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1813089	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KENNETH WILSON
2735 PICKETTEVILLE RD
JACKSONVILLE, FL 32220

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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 _____
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILSON, KENNETH
STREET ADDRESS	107 WHISPERING WOODS DR
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	VPS
NAME	WILSON, KENT S.
STREET ADDRESS	107 WHISPERING WOODS DR
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/07-80030-003 150.00

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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: X _____   1/12/07   904-389-6504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #