


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 686844
 1. Entity Name
TCM IMAGINEERING, INC.



Principal Place of Business
3850 EAST HIGHWAY 46
SANFORD, FL 32771-9154

Mailing Address
3850 EAST HIGHWAY 46
SANFORD, FL 32771-9154



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2022608 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHARP, MICHAEL
3850 E. HWY. 46
SANFORD, FL 32771

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

U000000688039
 04/10/07-80063-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARP, MICHAEL 3850 EAST HWY 46 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARP, FRED A 3850 EAST HWY 46 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAUTHIER, PIERRE F II 3850 E HWY 46 SANFORD, FL 32771
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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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: *Freda L Sharp* *Freda R. Sharp* **3-26-07** **407-323-6494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #