

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90003 011 \*\*\*150.00

**DOCUMENT # F01000003111**

1. Entity Name

TFC LOGISTICS CORP.



Principal Place of Business

8901 TONNELLE AVENUE  
NORTH BERGEN NJ 07047

Mailing Address

8901 TONNELLE AVENUE  
NORTH BERGEN NJ 07047

34006340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3448467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, GEORGE  
10091 SW 158 TERRACE  
MIAMI FL 33157-1644

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME CLIFFORD, WILLIAM  
STREET ADDRESS 223 GLENWOOD ROAD  
CITY-ST-ZIP ENGLEWOOD NJ 07631

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME WILLIAM M. CLIFFORD  
STREET ADDRESS 470 OLD WELLINGTON RD  
CITY-ST-ZIP MANCHESTER, NH 03104

TITLE DST ☐ Delete  
NAME IMPERATORE, ARTHUR E JR.  
STREET ADDRESS 223 GLENWOOD ROAD  
CITY-ST-ZIP ENGLEWOOD NJ 07631

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CLIFFORD, WILLIAM  
STREET ADDRESS 470 OLD WELLINGTON RD  
CITY-ST-ZIP MANCHESTER NH 03104

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME POHAN, ARMAND  
STREET ADDRESS 75 BLUFF ROAD  
CITY-ST-ZIP FT. LEE NJ 07024

TITLE CHAIRMAN ☒ Change ☐ Addition  
NAME ARMAND POHAN  
STREET ADDRESS 4 HORIZON RD -APT 1015  
CITY-ST-ZIP FT. LEE, NJ 07024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*William M. Clifford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/04

Date

201-483-1001

Daytime Phone #