


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # F02000000412 1. Entity Name T.C. BOILER, INC.	
---	---

Principal Place of Business 9575 S. OLD HWY 43 CREOLA, AL 36525	Mailing Address 9575 S. OLD HWY 43 CREOLA, AL 36525
---	---



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1262733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
--

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, 2005 Fee will be \$550.00**

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

U00000263081
03/14/05 080001 023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD TURNER, MIKE 9575 S. OLD HWY 43 CREOLA, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TURNER, EDDIE R 9575 S. OLD HWY 43 CREOLA, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KIRKHAM, DAVID 9575 S. OLD HWY 43 CREOLA, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: Eddie Roy Dun **3-9-05** **251-677-8175**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #