


FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90018 011 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F04000000424

1. Entity Name
TMC INTERIORS INC



40041840



01132005 Chg-P CR2E034 (10/03)

Principal Place of Business
**2217 FORESTLAKE DR
 CINCINNATI, OH 45244**

Mailing Address
**2217 FORESTLAKE DR
 CINCINNATI, OH 45244**

2. Principal Place of Business
222 SE. Whitmore Dr.
 Suite, Apt. #, etc.

3. Mailing Address
222 SE. Whitmore Dr.
 Suite, Apt. #, etc.

City & State
Port Saint Lucie, FL

City & State
Port Saint Lucie, FL

Zip
34984

Country
Lucie

Zip
34984

Country
Lucie

4. FEI Number
31-1617487

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CONTRACTORS REPORTING SERVICE INC
 2001 W BUSCH BLVD, STE A
 TAMPA, FL 33612**

7. Name and Address of New Registered Agent

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 _____ 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCQUEARY, TOMMIE	
STREET ADDRESS	2217 FORESTLAKE DR	
CITY-ST-ZIP	CINCINNATI, OH 45244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McQueary, Tommie	
STREET ADDRESS	222 SE. Whitmore Dr.	
CITY-ST-ZIP	Port Saint Lucie, FL 34984-3740	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Tommy McQueary* *3-1-05* *772 349-2479*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #