

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-29-2005 90018 011 ***158.75

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01132005 Chg-P CR2E034 (10/03)

DOCUMENT # F04000000424 1. Entity Name TMC INTERIORS INC					
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		4. FEI Number 31-1617487	
Zip 34984		Country Lucie		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCQUEARY, TOMMIE 2217 FORESTLAKE DR CINCINNATI, OH 45244 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P McQueary, Tommie 222 SE. Whitmore Dr. Port Saint Lucie, FL 34984-3740 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date: 3-1-05 Daytime Phone #: 772 349-2479		