2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006
Secretary of State

DOCUMENT# F05000002320

Entity Name: TCC FLORIDA, LTD. INC.

Current Principal Place of Business:

1045 RIVERSIDE DR.
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

1045 RIVERSIDE DR.
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 20-2377393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARNESS, LARRY
1045 RIVERSIDE DR.
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

ASHE, TIM
1045 RIVERSIDE DR.
PALMETTO, FL 34221 US

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.

SIGNATURE: TIM ASHE 07/19/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HARNESS, LARRY
Address: 1045 RIVERSIDE DR.
City-St-Zip: PALMETTO, FL 34221

Title: DT (X) Delete
Name: LIVERMORE, KAREN
Address: 5970 HEISLEY RD
City-St-Zip: MENTOR, OH 44060

Title: DS ( ) Delete
Name: ROSS, WILLIAM
Address: 5970 HEISLEY RD
City-St-Zip: MENTOR, OH 44060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: TIM, ASHE
Address: 1045 RIVERSIDE DR.
City-St-Zip: PALMETTO, FL 34221

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL ROSS DS 07/19/2006
Electronic Signature of Signing Officer or Director Date