


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000000972 1. Entity Name TCR EAST COAST FINANCIAL SERVICES, INC.	
--	---

Principal Place of Business 6400 CONGRESS AVE STE 2100 BOCA RATON, FL 33487	Mailing Address 6400 CONGRESS AVE STE 2100 BOCA RATON, FL 33487
--	--

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2803751	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 _____ (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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TERWILLIGER, J R 2859 PACES FERRY ROAD, STE 1100 ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CROW, HARLAN R 2100 MCKINEEY AVE STE 700 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS PATTERSON, THOMAS J 2101 BRYAN ST STE 3700 DALLAS, TX 73201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS STEINHARDT, SHARI 6400 CONGRESS AVE STE 2100 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

160000093279
01/25/05-80056-022 150.00

**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: Shari Steinhart 1.5.04 501-998-4451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #