


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90010 012 \*\*\*150.00

<b>DOCUMENT # H83217</b> 1. Entity Name T.L.C. INVESTMENTS, INC.	
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Principal Place of Business 245 DRIGGS DRIVE WINTER PARK, FL 32792	Mailing Address P O BOX 4249 WINTER PARK, FL 32793
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2607404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SOMERSTEIN, MARK ESQ  
200 E BROWARD BLVD 18TH FLR  
FORT LAUDERDALE, FL 33301

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRYAN, GAYNELL PO BOX 4249 WINTER PARK, FL 32793
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARROLL, PATTI P.O. BOX 4249 WINTER PARK, FL 32793
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCHMIDT, CHERYL P.O. BOX 4249 WINTER PARK, FL 32793
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(j), 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  **Cheryl Schmidt, VP** **407-672-0380**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #