## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # H98776

1. Entity Name

T.D.C. SERVICES, INC.



US

FILED May 01, 2006 08:00 AN Secretary of State

Principal Place of Business

1220 BIMINI LANE RIVIERA BEACH, FL 33404

2H N

Mailing Address

1220 BIMINI LANE

RIVIERA BEACH, FL 33404

<del>----</del> | | | | | |



04262006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2631539

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUMBRA, THOMAS G., JR. 1220 BIMINI LANE RIVIERA BEACH, FL 33404

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	named entity submits this statement for the prisons of registered agent.	urpose of changing its registered office	ice or reg	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or punited name of registered agent and title if	applicable (NOTE, Registered Agent	t signature re	equired when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					, , , , , , , , , , , , , , , , , , , ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUMBRA, THOMAS G., JR. 1220 BIMINI LANE RIVIERA BEACH, FL 33404				
NAME STREET ADDRESS CHY-ST-ZIP	VD LUMBRA, KATHLEEN 1220 BIMINI LANE RIVIERA BEACH, FL 33404				05/17/06-80034-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCALLUM, JUDITH 3682 VICTORIA DRIVE WEST PALM BEACH, FL 33406			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-ZIP RTLE NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Tromas G. Lumbra, J Prosident 4/26/10

JU1-848-6166

Daytime Phone #