

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H98776

1. Entity Name
T.D.C. SERVICES, INC.



Principal Place of Business
1220 BIMINI LANE
RIVIERA BEACH, FL 33404 US

Mailing Address
1220 BIMINI LANE
RIVIERA BEACH, FL 33404 US



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LUMBRA, THOMAS G., JR.
STREET ADDRESS 1220 BIMINI LANE
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE V
NAME LUMBRA, THOMAS J
STREET ADDRESS 506 5TH TERRACE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE S
NAME MCCALLUM, JUDITH
STREET ADDRESS 3682 VICTORIA DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE V
NAME LUMBRA, DANIEL P
STREET ADDRESS 2475 LAUREL LANE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000327610
05/20/08-80112-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

Judith McCallum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith McCallum
Secretary

4/28/08
Date

561-848-6166
Daytime Phone #