


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90038 024 \*\*\*150.00

<b>DOCUMENT # J86332</b> 1. Entity Name <b>TFC.NET CORPORATION</b>			
Principal Place of Business <b>5706 BENJAMIN CENTER DR SUITE 116 TAMPA, FL 33634</b>		Mailing Address <b>5706 BENJAMIN CENTER DR SUITE 116 TAMPA, FL 33634</b>	
2. Principal Place of Business <b>15211 LAKE MAURINE DR</b>		3. Mailing Address <b>15211 LAKE MAURINE DR</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>ODESSA, FL</b>		City & State <b>ODESSA, FL</b>	
Zip <b>33556</b>		Zip <b>33556</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2840465</b>		Applied For <input type="checkbox"/> 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  <b>MARTIN, EARL R H 15211 LAKE MAURINE DR TAMPA, FL 33556</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PST</b>	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARTIN, EARL R H</b>		NAME 	
STREET ADDRESS <b>15211 LAKE MAURINE DR</b>		STREET ADDRESS 	
CITY-ST-ZIP <b>TAMPA, FL 33556</b>		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-18-05</b> Daytime Phone # <b>813-880-0909</b>	

**50004127**



01172005 Chg-P CR2E034 (10/03)