2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J99357

1. Entity Name
T C MARKETING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 308	P.O. BOX 308
NAPOLEON, OH 43545	NAPOLEON, OH 43545

DO NOT WRITE IN THIS SPACE

03072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
34-1564665	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRYMAN, JOHN
211 VIA EMILIA
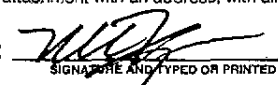PALM BEACH GARDENS, FL 33418

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000266523
03/17/05-80033-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	T	
NAME	FRYMAN, JOHN	
STREET ADDRESS	211 VIA EMILIA	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	P	
NAME	FRYMAN, RICHARD	
STREET ADDRESS	1205 OLD ORCHARD DR	
CITY-ST-ZIP	WAUSEON, OH 43567	
TITLE	S	
NAME	WALKER, JEFFREY	
STREET ADDRESS	ROUTE 2	
CITY-ST-ZIP	NAPOLEON, OH 43545	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _Richard Fryman, Pres._   3/11/05   419-542-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #