

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # J99357

1. Entity Name
T C MARKETING, INC.



Principal Place of Business

**P.O. BOX 308
NAPOLEON, OH 43545**

Mailing Address

**P.O. BOX 308
NAPOLEON, OH 43545**



02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1564665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000670316
03/27/07-80106-015-150.00

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	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07
Date

Daytime Phone #