


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # L33694	
1. Entity Name T.G.B.C., INC.	

Principal Place of Business 5319 COTTONWOOD TREE CIRCLE VALRICO, FL 33594 US	Mailing Address 5319 COTTONWOOD TREE CIRCLE VALRICO, FL 33594 US
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DO NOT WRITE IN THIS SPACE

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01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2976830	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOLUB, STEVE
5319 COTTONWOOD TREE CIRCLE
VALRICO, FL 33594

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000128276 04/26/04-80032-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HOLUB, STEVE 5319 COTTONWOOD TREE CIRCLE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST WILLSON, BETH 5319 COTTONWOOD TREE CIRCLE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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: Steven W. Holub Steven W. Holub 04/22/04 813-657-1363

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