
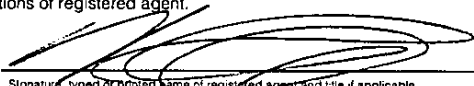
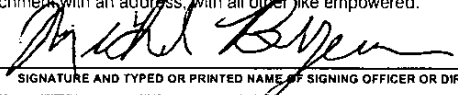


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2006 8:00 am**  
**Secretary of State**

08-30-2006 90002 030 \*\*\*\*61.25

<b>DOCUMENT # N04000009295</b> 1. Entity Name (TC)2, INC.					
Principal Place of Business 1304 N.E. DAVIS STREET LAKE CITY, FL			Mailing Address P.O. BOX 3508 LAKE CITY, FL 32056-3508		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-1691616	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TUNSIL, MERRILL C ESQ. 343 E. DUVAL STREET STE 105 LAKE CITY, FL 32055				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				8-21-06 <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGLESBY, JEFFREY Y 1145 NE BASCOM NORRIS DRIVE LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beasley, John W. 1145 NE Bascom Norris Dr Lake City, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLLEFSON, MARK V 162 NW PALMETTO BLVD. LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Merrill C. Tunsil P.O. Box 2113 Lake City, FL 32056-2113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUTWELL, COLEN J 267 SE FAWN GLEN LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michel Burgess 585 NW Jefferson Lake City, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN, DIXIE 168 SW DONOVAN GLEN LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROUTMAN-BELLAMY, PENELOPE 467 SW THURMAN LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUNSIL, JOYCE P 579 SW WINGATE ST. LAKE CITY, FL 320563725	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8-21-06 <small>DATE</small>	
				<small>Daytime Phone #</small>	