


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000064635</b> 1. Entity Name TC MANAGEMENT GROUP, INC.	
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Principal Place of Business 8190 LITTLETON RD. N. FT. MYERS, FL 33903	Mailing Address 8190 LITTLETON RD. N. FT. MYERS, FL 33903
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**DO NOT WRITE IN THIS SPACE**



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	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  
  
CHASTAIN, CHERYL  
8190 LITTLETON RD.  
N. FT. MYERS, FL 33903

**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 Cheryl Chastain DATE 4-17-04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTAIN, GREGORY L 2101 CHANDLER AVE. FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIAY, CHARLES M 2566 NW OWENS AVE. ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTAIN, CHERYL 2101 CHANDLER AVE. FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIAY, CAROLYN 2566 NW OWENS AVE. ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/04-80045-015 150.00

**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: Cheryl Chastain DATE 4-17-04 DAYTIME PHONE # 239-995-5115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR