

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000064635

1. Entity Name
TC MANAGEMENT GROUP, INC.



Principal Place of Business

8190 LITTLETON RD.
N. FT. MYERS, FL 33903

Mailing Address

8190 LITTLETON RD.
N. FT. MYERS, FL 33903



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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**

U000000622261
02/13/07-80019-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHASTAIN, GREGORY L
STREET ADDRESS	2101 CHANDLER AVE.
CITY-ST-ZIP	FT. MYERS, FL 33907
TITLE	D
NAME	TRIAI, CHARLES M
STREET ADDRESS	2566 NW OWENS AVE.
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	D
NAME	CHASTAIN, CHERYL
STREET ADDRESS	2101 CHANDLER AVE.
CITY-ST-ZIP	FT. MYERS, FL 33907
TITLE	D
NAME	TRIAI, CAROLYN
STREET ADDRESS	2566 NW OWENS AVE.
CITY-ST-ZIP	ARCADIA, FL 34266
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:

Cheryl Chastain

Cheryl Chastain

239-995-

1-31-07

5115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #