

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064635

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** TC MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

8190 LITTLETON RD.  
SUITE 108  
N. FT. MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

8190 LITTLETON RD.  
SUITE 108  
N. FT. MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** 65-1026865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIAI, CAROLYN  
8190 LITTLETON RD.  
SUITE 108  
N. FT. MYERS, FL 33903 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHASTAIN, GREGORY L  
Address: 2101 CHANDLER AVE.  
City-St-Zip: FT. MYERS, FL 33907

Title: D  
Name: TRIAY, CHARLES M  
Address: 2566 NW OWENS AVE.  
City-St-Zip: ARCADIA, FL 34266

Title: D  
Name: CHASTAIN, CHERYL  
Address: 2101 CHANDLER AVE.  
City-St-Zip: FT. MYERS, FL 33907

Title: D  
Name: TRIAY, CAROLYN  
Address: 2566 NW OWENS AVE.  
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN S. TRIAY

D

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date