## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

changed, or on an attach

## Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90247 003 \*\*\*150.00 DCCUMENT # P00000096909 1. Entity Name TLC BUILDERS, INC. Rencipal Place of Business Mailing Address 14009199 2521 SNAPDRAGON AVE 2521 SNEPDRAGON AVE MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 No Chq-P 04212005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3695281 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TLC BUILDER, INC DO NOT WRITE 2521 SNAPDRAGON AVE MIDDLEBURG, FL 32068 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE CANNON, ADA JEAN NAME 2521 SNAPDRAGON AVE STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED