


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90008 028 \*\*\*150.00

<b>DOCUMENT # P00000110619</b> 1. Entity Name 21TC, INC.					
Principal Place of Business 2310 A-Z PARK RD LAKELAND, FL 33801			Mailing Address PO BOX 2805 LAKELAND, FL 33806		
2. Principal Place of Business 2026 Crystalwood		3. Mailing Address Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 59-3685272	
Zip 33801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  COATES, RICHARD E 106 E COLLEGE AVE, STE 1200 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name: Dockery, Charles C. Street Address (P.O. Box Number is Not Acceptable): 2026 Crystalwood City: Lakeland FL Zip Code: 33801	
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: <i>Charles C. Dockery</i> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>		<i>Charles C. Dockery</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE: 2-12-04	
<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"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOCKERY, C.C. 2310 A-Z PARK RD LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dockery, C.C. 2026 Crystalwood Lakeland, FL 33801
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 an other like empowered.					
SIGNATURE: <i>C. C. Dockery</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 2-12-04 Daytime Phone #: 863-665-6252	