


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90297 037 ***150.00

DOCUMENT # P01000022057 1. Entity Name TC TRAINERS CO., INC.					
Principal Place of Business 7540 15TH STREET EAST SARASOTA, FL 34243			Mailing Address 7540 15TH STREET EAST SARASOTA, FL 34243		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1084877	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEBOUTILLIER, ANTHONY P PRES. 2858 DONGOLA ST. NORTH PORT, FL 34286				Name CHARLES SILLIMAN Street Address (P.O. Box Number is Not Acceptable) 7003-32ND AVE E City BRADENTON FL Zip Code 34208	
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 CHARLES SILLIMAN, PRES <i>Charles Silliman</i> DATE 4-5-06 <small>Signature, typed or printed name of registered agent and title if applicable (If not registered agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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 SILLIMAN, CHARLES 7003 32ND AVENUE EAST BRADENTON, FL 34208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. CHARLES SILLIMAN 7003-32ND AVE E. BRADENTON, FL 34208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LEBOUTILLIER, ANTHONY 2858 DONGOLA STREET NORTHPORT, FL 34286	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELSASS, ARTHUR NELSON JR 14850 HERON GLEN DR LITHIA, FL 33547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P / SEC / TREAS. DONNA SILLIMAN 7003-32ND AVE E BRADENTON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: DONNA SILLIMAN <i>Donna Silliman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-5-06 Daytime Phone # (941)360-0377		