

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90337 050 ***150.00

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1. Entity Name
TJC & D MANAGEMENT, INC.



Principal Place of Business
205 AVENUE K SOUTHEAST
WINTER HAVEN, FL 33880

Mailing Address
205 AVENUE K SOUTHEAST
WINTER HAVEN, FL 33880

50038251



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3718890

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUSH, GEORGE T
2527 PARTRIDGE DR.
WINTER HAVEN, FL 33884

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSH, GEORGE TRENEN 2527 PARTRIDGE DR. WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSH, JANET SCHREIBE 2527 PARTRIDGE DR. WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-05

Date

Daytime Phone #