


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90014 037 ***150.00

DOCUMENT # P01000079388 1. Entity Name TC SALADINO ENTERPRISES, INC.	
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Principal Place of Business 5112 BELL SHOALS ROAD VALRICO, FL 33594	Mailing Address 5112 BELL SHOALS ROAD VALRICO, FL 33594
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DO NOT WRITE IN THIS SPACE



03192003 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3743172	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHAFFER, JAMES R ESQ. RAHALL & SCHAFFER, P.A. 120 S. WILLOW AVE. TAMPA, FL 33606

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALADINO, CHERYL 5112 BELL SHOAL ROAD VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALADINO, TONY 5112 BELL SHOALS ROAD VALRICO, FL 33594
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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: <u>Cheryl Saladino</u> <u>CHERYL SALADINO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>5/25/04</u>	Daytime Phone # <u>(813) 657-9661</u>
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