

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000114409

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** TCB CONSULTING SERVICES INC.

**Current Principal Place of Business:**

705 GEORGE STREET SOUTH  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

2519 MCMULLEN BOOTH ROAD  
SUITE 510-192  
CLEARWATER, FL 33761

**Current Mailing Address:**

705 GEORGE STREET SOUTH  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

2519 MCMULLEN BOOTH ROAD  
SUITE 510-192  
CLEARWATER, FL 33761

**FEI Number:** 59-3760301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BINZEL, TAB C  
705 GEORGE STREET SOUTH  
TARPON SPRINGS, FL 34688 US

**Name and Address of New Registered Agent:**

BINZEL, TAB C  
2519 MCMULLEN BOOTH ROAD  
SUITE 510-192  
CLEARWATER, FL 33761 US

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.

SIGNATURE:

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: BINZEL, TAB C  
Address: 2519 MCMULLEN BOOTH ROAD, SUITE 510-192  
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TAB C. BINZEL

PSTD

04/21/2011

Electronic Signature of Signing Officer or Director

Date