


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2005 8:00 am**  
**Secretary of State**

08-09-2005 90003 035 \*\*\*158.75

<b>DOCUMENT # P01000120318</b> 1. Entity Name TCB ENTERTAINMENT, INC.	
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Principal Place of Business 650 SW RAY AVE PORT ST LUCIE, FL 34983	Mailing Address 650 SW RAY AVE PORT ST LUCIE, FL 34983
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**50060713**



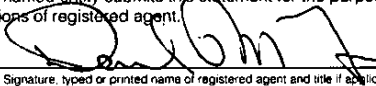
08042005 No Chg-P CR2E034 (10/03)


**DO NOT WRITE IN THIS SPACE**

4. FEI Number 80-0003001	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FAIR, DANIEL M 650 SW RAY AVE PORT ST LUCIE, FL 34983
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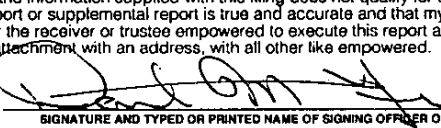
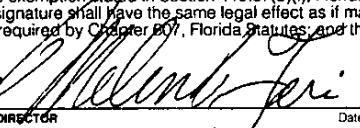
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution.  <b>Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAIR, DANIEL M 650 SW RAY AVE PORT ST LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAIR, MELINDA G 650 SW RAY AVE PORT ST LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:   702-845 8081 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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ATTACHMENT  
#P01000120318

50060713

O/y whom it may concern,  
I did not receive from,

There is no space to mark  
did not receive

Enclosed is check for 15800

Respect

Robert F.