

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/2/2005-90035-013-\$150.00-\$150.00

DOCUMENT # P02000001798

1. Entity Name

TCG, INC.



FILED

05 OCT -3 AM 10: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E034 (10/04)

Principal Place of Business

13096 WEXFORD HOLLOW ROAD NORTH
JACKSONVILLE FL 32224

Mailing Address

13096 WEXFORD HOLLOW ROAD NORTH
JACKSONVILLE FL 32224

2. Principal Place of Business

13096 Wexford Hollow Rd N
Suite, Apt. #, etc.

3. Mailing Address

13096 Wexford Hollow Rd N
Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

74-3026579

Applied For

Not Applicable

Zip

32224

Country

USA

Zip

32224

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, JOHN J JR.
1200 NORTH FEDERAL HIGHWAY
SUITE 420
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name Carol A. Guthard

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Carol A. Guthard

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GUTHARD, THEODORE C
STREET ADDRESS 13096 WEXFORD HOLLOW ROAD NORTH
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE D ☐ Delete
NAME GUTHARD, CAROL A
STREET ADDRESS 13096 WEXFORD HOLLOW ROAD NORTH
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 400060190264
STREET ADDRESS 10/03/05--01070--011 ***400.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Carol A. Guthard Carol A. Guthard

7-26-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #