

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000021018

Entity Name: TC POWER, INC.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

716 HART ST
FT WALTON BEACH, FL 325471902

New Principal Place of Business:

719 EDGE STREET
FT WALTON BEACH, FL 325472952

Current Mailing Address:

716 HART ST
FT WALTON BEACH, FL 325471902

New Mailing Address:

719 EDGE STREET
FT WALTON BEACH, FL 325472952

FEI Number: 01-0617708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOODY, CAROLYN L
716 HART ST
FT WALTON BEACH, FL 325471902 US

Name and Address of New Registered Agent:

MOODY, CAROLYN L
6224 BARNES RD.
CRESTVIEW, FL 325367234 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:

01/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCLELLAN, DANIEL S
Address: 716 HART STREET
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: STD () Delete
Name: MCCLELLAN, ELOISE T
Address: 716 HART STREET
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: VPD () Delete
Name: MOODY, CAROLYN L
Address: 6224 BARNES ROAD
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCLELLAN, DANIEL S
Address: 716 HART STREET
City-St-Zip: FT. WALTON BEACH, FL 325471902 US

Title: STD (X) Change () Addition
Name: MCCLELLAN, ELOISE T
Address: 716 HART STREET
City-St-Zip: FT. WALTON BEACH, FL 325471902 US

Title: VPD (X) Change () Addition
Name: MOODY, CAROLYN L
Address: 6224 BARNES ROAD
City-St-Zip: CRESTVIEW, FL 325367234 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CAROLYN L. MOODY

VP

01/05/2005

Electronic Signature of Signing Officer or Director

Date