

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000030051

1. Entity Name  
TCAT JUBILEE SERVICES, INC.



Principal Place of Business  
4413 YACHTMANS CT  
ORLANDO, FL 32812

Mailing Address  
4413 YACHTMANS CT  
ORLANDO, FL 32812

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
81-0549767

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TRESSLER, RICHARD W JR  
4413 YACHTMANS CT  
ORLANDO, FL 32812

**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

*Richard Tressler*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

4/20/4  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U000000125137  
04/22/04-80066-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P TRESSLER, RICHARD W JR 4413 YACHTMANS CT ORLANDO, FL 32812
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**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/4  
Date

4074213002  
Daytime Phone #