

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90116 022 ***150.00

DOCUMENT # P02000110572

1. Entity Name
TLC TRANSPORTATION GROUP INCORPORATED



Principal Place of Business
**372 ORIANA DR.
SPRING HILL, FL 34609**

Mailing Address
**372 ORIANA DR.
SPRING HILL, FL 34609**

50029279



2. Principal Place of Business

10514 SPRING Hill Dr

3. Mailing Address

178 MARINER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

270

03182005

Chg-P

CR2E034 (10/03)

City & State

SPRING Hill FL.

City & State

SPRING Hill FL

4. FEI Number

36-4509405

Applied For

Not Applicable

Zip

Country

34609

Zip

34609

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORNETT, LISA D
372 ORIANA DR.
SPRING HILL, FL 34609**

7. Name and Address of New Registered Agent

Name **LISA D. CORNETT**

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

10514 SPRING Hill Dr

City **SPRING Hill**

FL

Zip Code

34609

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

Lisa D. Cornett

(NOTE: Registered Agent signature required when reinstating)

March 18, 2005

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CORNETT, LISA D**
STREET ADDRESS **372 ORIANA DR.**
CITY-ST-ZIP **SPRING HILL, FL 34609**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CRO** ☒ Change ☐ Addition
NAME **CORNETT LISA D.**
STREET ADDRESS **10514 SPRING Hill Dr**
CITY-ST-ZIP **SPRING Hill FL. 34609**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa D. Cornett

Date

Daytime Phone #

March 18, 2005 352-684-9681