2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000115035

1. Entity Name
TCQ, INC.

Principal Place of Business	Mailing Address
9933 CHARDONNAY RD ORLANDO, FL 32832	9933 CHARDONNAY RD ORLANDO, FL 32832

DO NOT WRITE IN THIS SPACE

04212004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
14-1853446		Not Applicable
5. Certificate of Status Desired	☑	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAM, CINDY
9933 CHARDONNAY RD
ORLANDO, FL 32832

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   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

U00000131688
04/27/04-80014-025 158.75

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	LAM, CINDY
STREET ADDRESS	9933 CHARDONNAY RD
CITY-ST-ZIP	ORLANDO, FL 32832
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: X _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #