


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000115536  
 1. Entity Name  
 T C AIRLINES, INC.



Principal Place of Business      Mailing Address  
 420 E. PINE AVE.                      420 E. PINE AVE.  
 CRESTVIEW, FL 32539                  CRESTVIEW, FL 32539

**DO NOT WRITE IN THIS SPACE**



04302004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 56-2302700      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CADENHEAD, CHRIS  
 420 E. PINE AVE.  
 CRESTVIEW, FL 32539

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

**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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	TOLBERT, FRED III
STREET ADDRESS	420 E. PINE AVE.
CITY - ST - ZIP	CRESTVIEW, FL 32539
TITLE	VSD
NAME	CADENHEAD, CHRIS
STREET ADDRESS	420 E. PINE AVE.
CITY - ST - ZIP	CRESTVIEW, FL 32539
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000152713  
 05/04/04-80097-010 50.00

**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)(f), 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

05/30/04 850-243-9161  
Date Daytime Phone #