

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90120 033 ***150.00

DOCUMENT # P02000115536 1. Entity Name T C AIRLINES, INC.					
Principal Place of Business 420 E. PINE AVE. CRESTVIEW, FL 32539			Mailing Address 420 E. PINE AVE. CRESTVIEW, FL 32539		
2. Principal Place of Business 1500 Miracle Strip Pkwy SE Suite, Apt. #, etc.		3. Mailing Address 1500 Miracle Strip Pkwy SE Suite, Apt. #, etc.			
City & State Fort Walton Beach, FL		City & State Fort Walton Beach FL		4. FEI Number 56-2302700	
Zip 32548		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CADENHEAD, CHRIS 420 E. PINE AVE. CRESTVIEW, FL 32539				7. Name and Address of New Registered Agent Name: Salvatore Wood, P.L. Street Address (P.O. Box Number is Not Acceptable): 4001 Tamiami Trail N Ste 330 City: Naples FL Zip Code: 34103	
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: (NOTE: Registered Agent signature required when reappointing) DATE: _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PTD <input type="checkbox"/> Delete NAME: TOLBERT, FRED III STREET ADDRESS: 420 E. PINE AVE. CITY-ST-ZIP: CRESTVIEW, FL 32539			TITLE: PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Tolbert, Fred E. III STREET ADDRESS: 1500 M. Miracle Strip Pkwy SE CITY-ST-ZIP: Fort Walton Beach FL 32548		
TITLE: VSD <input checked="" type="checkbox"/> Delete NAME: CADENHEAD, CHRIS STREET ADDRESS: 420 E. PINE AVE. CITY-ST-ZIP: CRESTVIEW, FL 32539			TITLE: VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Kreuser, William G. P. STREET ADDRESS: 1500 Miracle Strip Pkwy SE CITY-ST-ZIP: Fort Walton Beach FL 32548		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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:			4/28/05 850-243-9161 Date Daytime Phone #		