



2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/2/2005-90551-009-\$150.00-\$150.00

DOCUMENT # P03000066294 1. Entity Name TFC FAMILY TRUST, INC.						<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> FILED 05 JUN 10 PM 3:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> 	
Principal Place of Business 5803 MULBERRY DRIVE NONE TAMARAC, FL 33319 US				Mailing Address 5803 MULBERRY DRIVE NONE TAMARAC, FL 33319 US			
2. Principal Place of Business		3. Mailing Address		04282005 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 56-2369632 Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SIMRING, ELLIS S 5803 MULBERRY NONE TAMARAC, FL 33319				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u><i>[Signature]</i></u> (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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMRING, ELLIS S			NAME			
STREET ADDRESS	5803 MULBERRY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33319			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: <u><i>[Signature]</i></u>				4/26/05 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							