


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000073995</b> 1. Entity Name TMCJ ENTERPRISES, INC.	
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Principal Place of Business 1811 SW 22 TERR CAPE CORAL, FL 33991	Mailing Address 1811 SW 22 TERR CAPE CORAL, FL 33991
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**DO NOT WRITE IN THIS SPACE**



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1672429	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

PLASENCIA, TRACY A  
1811 SW 22 TERR  
CAPE CORAL, FL 33991

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000758156 05/23/07-80101-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS PLASENCIA, TRACY A 1811 SW 22 TERR CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLASENCIA, MITCHELL 1811 SW 22 TERR CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PLASENCIA, TRACY A 1811 SW 22 TERR CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Tracy A. Plascencia 4/30/07 (339) 282-0809  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #