

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088479

Entity Name: TLC SOLUTIONS, INC.

FILED  
Feb 04, 2009  
Secretary of State

## Current Principal Place of Business:

120 CUMBERLAND PARK DRIVE  
SUITE 101  
ST. AUGUSTINE, FL 32095 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 600764  
FRUIT COVE, FL 322600764 US

## New Mailing Address:

P. O. BOX 600764  
SAINT JOHNS, FL 322600764 US

FEI Number: 20-0143955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANDERS, MARTIN L  
120 CUMBERLAND PARK DRIVE  
SUITE 101  
ST. AUGUSTINE, FL 32095 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C/P ( ) Delete  
Name: SANDERS, MARTIN L  
Address: 404 CHIPLEY PLACE WEST  
City-St-Zip: FRUIT COVE, FL 32259 US

Title: D/V ( ) Delete  
Name: SELLERS, SHANTEL M  
Address: 1792 FERNCREEK DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: D/V ( ) Delete  
Name: SELLERS, ANTHONY D  
Address: 1792 FERNCREEK DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: D/V ( ) Delete  
Name: SANDERS, JILL R  
Address: 404 CHIPLEY PLACE WEST  
City-St-Zip: FRUIT COVE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN L SANDERS

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date