

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000151915

1. Entity Name
TMC INTERIOR CONSTRUCTION INC.



Principal Place of Business

**2541 RIDGEWAY DR.
KISSIMMEE, FL 34746**

Mailing Address

**2541 RIDGEWAY DR.
KISSIMMEE, FL 34746**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0500941

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCLUNG, CARLA
2541 RIDGEWAY DR.
KISSIMMEE, FL 34746**

**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 _____

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000382619
01/12/06-80018-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCLUNG, TERRY 2541 RIDGEWAY DR. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCCLUNG, CARLA 2541 RIDGEWAY DR. KISSIMMEE, FL 34746
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:

Carla McClung
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06
Date

407-944-1571
Daytime Phone #