FILED
Jun 20, 2005 8:00 am
Secretary of State
05-04-2005 90121 003 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000006663

1. Entity Name
TC SURFACES INCORPORATED

Principal Place of Business	Mailing Address
5709 KNEELAND LANE TAMPA, FL 33625	5709 KNEELAND LANE TAMPA, FL 33625

66023412

05012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9509 Pebble Glen Ave	9509 Pebble Glen Ave
Suite, Apt. #, etc. Tampa	Suite, Apt. #, etc. Tampa
City & State Fl.	City & State Fl.
Zip 33647 Country US	Zip 33647 Country US

4. FEI Number 20 0564194 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPOS, TONY
5709 KNEELAND LANE
TAMPA, FL 33625

7. Name and Address of New Registered Agent

Name Jose A. Campos
Street Address (P.O. Box Number is Not Acceptable) 9509 Pebble Glen Ave
City Tampa FL Zip Code 33647

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) 6/15/05 DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMPOS, TONY		NAME	
STREET ADDRESS	5709 KNEELAND LANE		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33625		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: ________ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5/1/05 Date Daytime Phone #