


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000102078 1. Entity Name TMC LOGISTICS CORP.	
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Principal Place of Business 14817 FEATHER COVE LN CLEARWATER, FL 33762	Mailing Address 14817 FEATHER COVE LN CLEARWATER, FL 33762
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DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1727862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONN, TIMOTHY 14817 FEATHER COVE LN CLEARWATER, FL 33762

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONN, TIMOTHY 14817 FEATHER COVE LN CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONN, MARGARET 14817 FEATHER COVE LN CLEARWATER, FL 33762
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000526338 05/04/06-80069-008 150.00</p> 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: <u>Timothy Conn / Timothy Conn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/20/06</u> <small>Date</small>	<u>727-573-2120</u> <small>Daytime Phone #</small>
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