

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000121707	
1. Entity Name TFC LAND HOLDING, INC.	
Principal Place of Business 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786 US	Mailing Address 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786 US



FILED
08 APR 24 AM 7:29
CLERK OF STATE
TALLAHASSEE, FLORIDA



03312008 No Chg-P CR2E034 (11/05)

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4. FEI Number 20-2413961	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VOSS, JEFFERSON R 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PIERCY, TYLER V 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
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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**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 other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Voss 4/14/08 407-909-9000

Date

Daytime Phone #