2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000127931

1. Entity Name

TMC - MORELLI CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
3830 GUNN HWY TAMPA FL 33618	3830 GUNN HWY TAMPA FL 33618

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applic...

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

6. Name and Address of Current Registered Agent

MORELLI-TMC REAL ESTATE DEVELOPMENT, L.L.C
12157 W. LINEBAUGH AVE., STE. #240
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name

Street Address (P.O Box Number is Not Acceptable)

City FL Zip Code

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 acc... 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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Ad...
NAME	MORELLI, PATRICK		NAME	U00000541624
STREET ADDRESS	3830 GUNN HWY		STREET ADDRESS	05/10/06-80067-002 150.00
CITY-ST-ZIP	TAMPA FL 33618		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Ad...
NAME	MORELLI-TMC REAL ESTATE DEVELOPMENT, L.L.C		NAME	
STREET ADDRESS	12157 W. LINEBAUGH AVE., STE. #240		STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Ad...
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Ad...
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 exemptions contained in Section 119, Florida Statutes. I further certify that the inform... 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 dir... 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 Blo... if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: [signature] 4-25-6

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #