


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90494 031 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

40074120

DOCUMENT # P04000150368			
1. Entity Name TFC ENTERPRISES CORP.			
Principal Place of Business 2900 LITTLE COUNTRY ROAD PARRISH, FL 34219		Mailing Address 2900 LITTLE COUNTRY ROAD PARRISH, FL 34219	
2. Principal Place of Business 3121 Lakeside Circle		3. Mailing Address 3121 Lakeside Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Parrish, Florida		City & State Parrish, Florida	
Zip 34219		Zip 34219	
Country USA		Country USA	
4. FEI Number EIN 08-01-02-125		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 CHANNEL ROBERT J 2900 LITTLE COUNTRY ROAD PARRISH, FL 34219		7. Name and Address of New Registered Agent Name: Gary F. Riese Street Address (P.O. Box Number is Not Acceptable): 3121 Lakeside Circle City: Parrish FL Zip Code: 34219	
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: <i>G. F. Riese</i> DATE: 29 April 05 <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when redesigning.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	NAME: RIESE, GARY F. <input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Gary F. Riese
STREET ADDRESS: 2900 LITTLE COUNTRY ROAD	CITY-ST-ZIP: PARRISH, FL 34219	STREET ADDRESS: 3121 Lakeside Circle	CITY-ST-ZIP: Parrish, FL. 34219 34219
TITLE: VP	NAME: CHANNEL, ROBERT J <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Dale Condry (VP)
STREET ADDRESS: 2900 LITTLE COUNTRY ROAD	CITY-ST-ZIP: PARRISH, FL 34219	STREET ADDRESS: 3121 Lakeside Circle	CITY-ST-ZIP: Parrish, FL 34219.
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: (D) Jim Conroy
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS: 3121 Lakeside Circle	CITY-ST-ZIP: Parrish, FL 34219.
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empower.			
SIGNATURE: <i>G. F. Riese</i>		SIGNATURE: Gary F. Riese	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 29 APRIL 05	