

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000157536

1. Entity Name
TDCFI, INC.



Principal Place of Business
311 SOUTH KINGSWAY ROAD
SEFFNER, FL 33584

Mailing Address
P.O. BOX 1408
SEFFNER, FL 33583-1408



08232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1869232

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEJORDY, ANTHONY P
311 S KINGSWAY RD
SEFFNER, FL 33584

**DO NOT WRITE
IN THIS SPACE**

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 retesting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEJORDY, ANTHONY P
STREET ADDRESS	P O BOX 1408
CITY-ST-ZIP	SEFFNER, FL 335831408

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/28/07-80006-009 150.00

**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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/07

Date

(813) 376-8403

Daytime Phone #