

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90018 009 ***150.00

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1. Entity Name

T.L.C. HOMESTORE, INC.



Principal Place of Business

2274 JESSICA LANE
KISSIMMEE FL 34744
US

Mailing Address

2274 JESSICA LANE
KISSIMMEE FL 34744
US

2. Principal Place of Business

4045 13TH ST

Suite, Apt. #, etc.

3. Mailing Address

4045 13TH ST

Suite, Apt. #, etc.

City & State
ST Cloud

City & State
FL

Zip
34769

Country
USA

Zip
34769

Country
USA

4. FEI Number

20-2093985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RANDAZZO, MICHAEL A SR.
2274 JESSICA LANE
KISSIMMEE FL 34744

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 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

1/27/06

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 Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MUSSELMAN, GLEN P JR
STREET ADDRESS 11708 CUXHAM DR
CITY-ST-ZIP ORLANDO FL 32837

TITLE STD
NAME RANDAZZO, MICHAEL A SR
STREET ADDRESS 2274 JESSICA LANE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Randazzo

Date

Daytime Phone #

1/27/06

407-891-7775