

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90010 027 ***550.00

DOCUMENT # P04000172224

1. Entity Name

T.L.C. HOMESTORE, INC.



Principal Place of Business
4045 13TH ST
SAINT CLOUD FL 34769
US

Mailing Address
4045 13TH ST
SAINT CLOUD FL 34769
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/07)

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

7. Name and Address of New Registered Agent

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

Name *Randazzo, Michael A SR*
Street Address (P.O. Box Number is Not Acceptable)
1468 Patricia St
City *Kissimmee* FL *34744*

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, the registered agent.

SIGNATURE *Michael A Randazzo SR* UP

8/1/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MUSSELMAN, GLEN P JR	
STREET ADDRESS	11708 CUXHAM DR	
CITY-STATE-ZIP	ORLANDO FL 32837	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RANDAZZO, MICHAEL A SR	
STREET ADDRESS	2274 JESSICA LANE	
CITY-STATE-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Muselman, Glen P. Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4958 LAZY OAKS Way	Address
STREET ADDRESS	ST. CLOUD, FL 34771	
CITY-STATE-ZIP		
TITLE	Randazzo, Michael A SR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1468 Patricia Street	Address
STREET ADDRESS	Kiss, FL	34744
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 all other like empowered.

SIGNATURE:

Michael A Randazzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/07

Date

407 841-7779

Daytime Phone #