

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-10-2006 90016 028 ***150.00

DOCUMENT # P05000010823

1. Entity Name
T C I DEVELOPMENT, INC.



Principal Place of Business
24600 SANDHILL BLVD.
STE ONE
PUNTA GORDA, FL 33983

Mailing Address
24600 SANDHILL BLVD.
STE ONE
PUNTA GORDA, FL 33983

50001973



2. Principal Place of Business

3. Mailing Address

16528 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006

Chg-P

CR2E034 (11/05)

City & State

City & State

Tampa, Florida

4. FEI Number

20-2340979

Applied For

Not Applicable

Zip

Country

Zip

Country

33618

USA

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

SANDERS, WALTER
16528 NORTH DALE MABRY HWY
TAMPA, FL 33618

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

Walter Sanders

Walter Sanders

2/15/06

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

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JEMISON, MICHAEL
26266 BARDELOS COURT
PUNTA GORDA, FL 33983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JEMISON, MICHELLE
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PUNTA GORDA, FL 33983 ☐ Delete

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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:

Michelle Jemison Michelle Jemison

2/15/06 944-764-8828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #