

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

02-08-2008 90038 021 ***158.75

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1. Entity Name
T. L. FLECK HOLDINGS, INC.



Principal Place of Business
2822 HWY 71
UNIT 10
MARIANNA, FL 32446 US

Mailing Address
3032 4TH STREET
MARIANNA, FL 32446 US

40021156



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3543438

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FLECK, JENEANE L
3032 4TH STREET
MARIANNA, FL 32446

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FLECK, JENEANE L
JENEANE L. FLECK
MARIANNA, FL 32446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPST
FLECK, LINDA L
4542 RED OAK TRACE
MARIANNA, FL 32446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
THOMAS, FLECK D
4542 RED OAK TRACE
MARIANNA, FL 32446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-08 850 523 1862
Date Daytime Phone #