

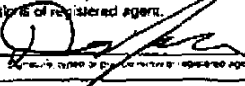
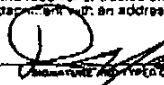
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JIM HART

FILED
May 22, 2008 8:00 am
Secretary of State

04-21-2008 90076 017 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000040778			
1. Entity Name TCB ENTERPRISES OF SW FLORIDA, INC.			
Principal Place of Business 1100 RIVER ROAD N. FT. MYERS, FL 33903		Mailing Address 1100 RIVER ROAD N. FT. MYERS, FL 33903	
2. Principal Place of Business - No P.O. Box # 1516 Brewer Rd		3. Mailing Address Suite, Apt. #, etc.	
City & State North Ft Myers, FL		City & State 33917	
Zip	Country	Zip	Country
4. FEI Number 20-3451692		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDEIROS, DEAN J 1100 RIVER ROAD N FT MYERS, FL 33903		7. Name and Address of New Registered Agent Name: Medeiros, Dean J Street: 1516 Brewer Rd City: N. Ft Myers, FL 33917 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:  DATE: _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		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	P MEDEIROS, DEAN J 1100 RIVER ROAD N. FT. MYERS, FL 33903 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1516 Brewer Rd Ft Myers, FL 33917 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with another like empowered.			
SIGNATURE:  DATE: _____			

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04092008 Chg-P CR2E034 (12/08)