05/15/2008 08:02 19412429926200 JIM HART

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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.

66011347

04092008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1100 RIVER ROAD N. FT. MYERS, FL 33903	1100 RIVER ROAD N. FT. MYERS, FL 33903

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1516 Brewer Rd	
Suite, Apt #, etc.	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	7. Name and Address of New Registered Agent
MEDEIROS, DEAN J 1100 RIVER ROAD N FT MYERS, FL 33903	Name: Medeiros, Dean J Street Address (P.O. Box Number is Not Acceptable): 1516 Brewer Rd 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: [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			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
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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 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]
Signature and typed or printed name of signing officer or director Date Daytime Phone #