

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000015289

1. Entity Name
T-C TRANSCRIPTION INC.



Principal Place of Business

4435 EDGEWATER DR
ORLANDO, FL 32804 US

Mailing Address

4435 EDGEWATER DR
ORLANDO, FL 32804 US

FILED
Apr 02, 2007 08:00 AM
Secretary of State



03292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3167422

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOPEC, SUSAN L
9517 BEAR LAKE CIRCLE
APOPKA, FL 32703

**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

Susan L. Kopeck

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

(NOTE: Registered Agent signature required when reinstating)

3/30/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000686906
04/10/07-80019-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
KOPEC, SUSAN L
STREET ADDRESS
9517 BEAR LAKE CIR.
CITY-ST-ZIP
APOPKA, FL 32703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Susan L. Kopeck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

DATE

407-293-8333

DAYTIME PHONE #