



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000035403</b> 1. Entity Name T.L.C. REALTY & MANAGEMENT, INC.	
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Principal Place of Business 8717 S FEDERAL HWY PORT SAINT LUCIE, FL 34952 US	Mailing Address 8717 S FEDERAL HWY PORT SAINT LUCIE, FL 34952 US
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**DO NOT WRITE IN THIS SPACE**

	
01052007	No Chg-P CR2E034 (11/05)
4. FEI Number 65-0460509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

COTE, LOUISE M  
8717 S FEDERAL HWY  
PORT SAINT LUCIE, FL 34952

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

000000597081  
01/24/07-80022-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTE, LOUISE M 8717 S FEDERAL HWY PORT ST. LUCIE, FL 34952
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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 fees empowered.

SIGNATURE: LOUISE M. COTE LOUISE M. COTE 1/19/07 772 871-1964  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #