


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90074 028 \*\*\*150.00

<b>DOCUMENT # P94000048081</b> 1. Entity Name <b>T &amp; C FINANCIAL LIQUIDATIONS, INC.</b>	
---	---

Principal Place of Business <b>1400 4TH AVE. WEST BRADENTON, FL 34205</b>	Mailing Address <b>2127 RINGLING BLVD. 102 SARASOTA, FL 34237</b>
--	--

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc	3. Mailing Address <b>1400 4th Avenue West</b>  Suite, Apt. #, etc
--	---

City & State <b>Bradenton, FL</b>	4. FEI Number <b>59-3304708</b>	Applied For <input type="checkbox"/> Not Applicable
--------------------------------------	------------------------------------	--

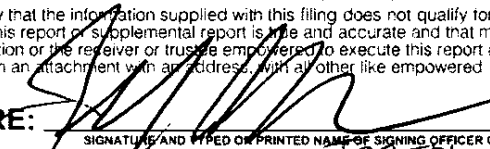
Zip <b>34205</b>	Country	Zip <b>34205</b>	Country
---------------------	---------	---------------------	---------

6. Name and Address of Current Registered Agent  <b>VENABLE, JOSEPH P 1400 4TH AVE W. BRADENTON, FL 34205</b>	
---	--

7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
DATE _____	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIVOLTA, PIERO 2127 RINGLING BLVD., STE. 102 SARASOTA, FL 34237 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. VENABLE, Joseph P 1400 4th Avenue West Bradenton, FL 34205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVOLTA, RENZO 2127 RINGLING BLVD., STE. 102 SARASOTA, FL 34237 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JOSEPH P. VENABLE</b>	Date <b>4/5/07</b> Daytime Phone # <b>941 747 1180</b>