2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000079844

1. Entity Name
T.C.W. OF PORT CHARLOTTE, INC.

Principal Place of Business	Mailing Address
4820 TAMIAMI TRAIL PORT CHARLOTTE, FL 33980	4820 TAMIAMI TRAIL PORT CHARLOTTE, FL 33980

DO NOT WRITE IN THIS SPACE

07102008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0530691		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEEDHAM, TINA
4820 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33980

**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 _____ Tina Needham _____ 7/11/08

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 **Due by September 12, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS

TITLE	P
NAME	NEEDHAM, DUANE P
STREET ADDRESS	2226 8 STATE AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

U00000954470
U7/14/08-80003-003 150.00

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STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: _____   7/11/08   941 6259825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #