

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

2/1

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-25-2008 90063 009 ***150.00

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1. Entity Name
TLC ELECTRIC, INC.



Principal Place of Business
**5360 MCINTOSH POINT
106
SANFORD, FL 32773 US**

Mailing Address
**5360 MCINTOSH POINT
SUITE 106
SANFORD, FL 32773 US**

66003572



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3305005

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LABOUR, RANDY
30039 RAINEY RD
SORRENTO, FL 32776**

**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

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

TITLE	P
NAME	LABOUR, RANDY
STREET ADDRESS	30039 RAINEY ROAD
CITY - ST - ZIP	SORRENTO, FL
TITLE	VP
NAME	THOMAS, STEVEN E.
STREET ADDRESS	5151 THOMAS STABLE ROAD
CITY - ST - ZIP	SANFORD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #