

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90118 045 \*\*\*150.00

**DOCUMENT # P95000073073**

1. Entity Name

TJMF, INC.



Principal Place of Business

1785 SEMORAN BOULEVARD  
WINTER PARK FL 32792

Mailing Address

1785 SEMORAN BOULEVARD  
WINTER PARK FL 32792

2. Principal Place of Business

1785 STATE RD. 436  
Suite, Apt. #, etc.

3. Mailing Address

1785 STATE RD. 436  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3337445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME TRZCINSKI, RONALD E.  
STREET ADDRESS 12769 PATRICIA DRIVE  
CITY-ST-ZIP NORTH ROYALTON OH 44133

TITLE VPD ☐ Delete  
NAME CARLSON, LAWRENCE  
STREET ADDRESS 5210 PARK DRIVE  
CITY-ST-ZIP MEDINA OH 44256

TITLE VPD ☐ Delete  
NAME TINCHER, PAUL  
STREET ADDRESS 219 TAVESTOCK LOOP  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE VPD ☐ Delete  
NAME JONES, GORDON  
STREET ADDRESS 7109 WOODED VILLAGE LANE  
CITY-ST-ZIP ORLANDO FL 32835

TITLE VPD ☐ Delete  
NAME STROUP, DOUGLAS  
STREET ADDRESS 7632 VINEMONT CT  
CITY-ST-ZIP HUDSON OH 44236

TITLE STD ☐ Delete  
NAME TRZCINSKI, CHERYL M  
STREET ADDRESS 8220 TANGLEWOOD L  
CITY-ST-ZIP PARMA OH 44129

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Cheryl M. Trzcinski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CHERYL M. TRZCINSKI*

*3/13/06*  
Date

*216-661-8388*  
Daytime Phone #