## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 16, 2005 08:00 AM Secretary of State

DOCUMENT # P96000055215  1. Entity Name TCA EQUIPMENT, INC.	Secretary of State
Principal Place of Business Mailing Address  5513 W SLIGH AVE 5513 W SLIGH AVE TAMPA, FL 33634 US TAMPA, FL 33634 US	
DO NOT WRITE IN THIS SPA	O1242005 No Chg-P CR2E034 (10/03)  4. FEI Number
LIVINGSTON, CLIFTON A 201 E DAVIS BLVD TAMPA, FL FL336-06	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 reinstants]  DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS TILE D	Maria and a second a second and
NAME THOMAS, ALLEN C STREET ADDRESS CITY - ST - ZIP TAMPA, FL  TITLE NAME	U00000231191 02/16/05-80020-018 150.00
STREET ADDRESS CITY-ST-ZIP -	
TITLE NAME	
STREET ADDRESS  CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing present qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and a gurate 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 Justee embouries to Affect 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:  SIGNATURE:  SIGNATURE:  SIGNATURE:	