ANNUAL REPORT (AR)

Principial Rises of Business W. 33 FOUNTAINVIEW CRICKE P.O. BOX 955 Sulfa, Apr. #, 961. Sulfa, Apr. #, 962. S	DOCU 1. Entity Nam TNC, INC		37		Feb 01, 2006 08:00 AM Secretary of State
2. Principal Proper of Business Subta, Apil & Util: Name and Address of New Registered Apill Name Strafficz, Whathout Strafficz, Whathout Strafficz, Whathout Strafficz, Whathout Subta, Apil & Util: Strafficz, Whathout Subta, Apil & Util: Strafficz, Whathout Strafficz, Whathout Subta, Apil & Util: Strafficz, Whathout Subta, Apil & Util: Strafficz, Whathout Strafficz, Subta, Desired Subta, Apil & Util: Strafficz, Whathout Strafficz, Subta, Desired Subta, Apil & Util: Strafficz, Whathout Strafficz, GEORGE STRAFf	% 331 FOUNTAINVIEW CIRCLE		P.O. BOX 555		
City & State Ci	·				e consistent film fatter follow in the contract of the contract film fatter film film fatter film fatt
The above named entity submits this statement for the purpose of changing in registative different agent. or both, in the State of Florida. I am familiar with, and occurrent englishment agent and title dispersable. Similar STAFISZ, WANDA 432 LAKEW/EW DR OLDSMAR FL 34677 The above named entity submits this statement for the purpose of changing in registatived office or registative dispersable may be stated acceptable. The change of registative dispersable may be stated agent. or both, in the State of Florida. I am familiar with, and occurred agent and the dispersable in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative dispersable may be stated on the changing in registative may be stated on the changing in registative may be stated on the change of registative dispersable registative may be stated on the changing in registative may be stated on t			Suite, Apr. #, etc		1st MOORE
E. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name STAFISZ, WANDA 432 LAKEVIEW DR OLDSMAR FL 34677 CAV FL To 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 uctive obligations of registered agent SIGNATURE Substant, hose is printed there is registered agent agent, or both, in the State of Florida. I am familiar with, and uctive obligations of registered agent SIGNATURE Substant, hose is printed there is registered agent agent, or both, in the State of Florida. I am familiar with, and uctive obligations of registered agent. SIGNATURE Substant, hose is printed there is registered agent agent, or both, in the State of Florida. I am familiar with, and uctive obligations of registered agent. SIGNATURE Substant, hose is printed there is significant agent agent, or both, in the State of Florida. I am familiar with, and uctive obligations of registered agent. SIGNATURE Substant, hose is printed there is significant agent in graphen when registered agent, or both, in the State of Florida. I am familiar with, and uctive obligation of Free Virilla agent agent, or both, in the State of Florida. I am familiar with, and uctive obligation of Free Virilla agent agent, or both, in the State of Florida. I am familiar with, and uctive obligation of Free Virilla agent agent, or both, in the State of Florida. I am familiar with, and uctive obligation of Free Virilla agent agent, or both, in the State of Florida. I am familiar with, and uctive obligation of Free Virilla agent agent, or both, in the State of Florida. I am familiar with, and uctive obligation of Free Virilla agent agent, or both, in the State of Florida. I am familiar with, and uctive obligation of Free Virilla agent a	City & State		City & State		ED 0476646
Name	Zìp		}	Country	5. Certificate of Status Desired 7 \$8.75 Additional
432 LAKEVIEW DR. OLDSMAR FI. 34677 City FL 7/10 Code 8. The above named critity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and so the obligations of registered agent. SIGNATURE SIGNATURE FLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FILE OFFICERS AND DIRECTORS STATISZ, GEORGE STATISZ, GEORGE STRETLADDRESS ST		6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
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 uncomposed the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Psyable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE D. OFFICERS AND DIRECTORS TILLE D. Delete TILLE D. DELE	432 LAKEVIEW DR.		·		(PO Box Number is Not Acceptable)
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 according to the obligations of registered agent. SIGNATURE SUBMILITEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS III. NAME STAFISZ, GEORGE STRETA DORESS OLDSMAR FL 34677 TITLE MAME STRETA DORESS CITY-ST-2P TITLE MAME STRETA DORESS CITY				City	- Zip Code
Supprise page or protect decared appoint allow a Applicable FILE NOW!!! FEE IS \$150.00 Mark Way 1, 2005 Fee Will Big \$350.00 Mark Way 1, 2005 Fee Will Big \$	8. The above the obligat	named entity submits this statement for trons of registered agent	r the purpose of changing its t	egistered office or regist	
### RILE NOW!!! FEE IS \$150.00 #### After May 1, 2006 Fee Will Be \$550.00 #### Added to F ### Added	SIGNATURE	Signature, typed or printed name of registered agont	and like á applicable (NOTE	Registered Agent signature mouth	to when asinstating) DATE
TITLE	After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00			9. Election Campaign Financing \$5.00 Ma;
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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 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 Bill thanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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