2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P97000093682 1. Entity Name 04-26-2004 90564 001 \*\*\*150.00 TCB FAST, INC. Principal Place of Business Mailing Address 7641 CUMBERLAND ROAD 7641 CUMBERLAND ROAD LARGO FL 33777 LARGO FL 33777 2. Principal Place of Business 3. Mailing Address 12/ DRUID RD 1121 DRUSO RD Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) SUITE 101 SUITE City & State City & State 4. FEI Number Applied For 59-3475671 CLEARWATER CLEARWATER FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33756 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEIGLE, JOHN J Street Address (P.O. Box Number is Not Acceptable) 7641 CUMBERLAND ROAD LARGO FL 33777 SUITE 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 ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be ६: After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME GEIGLE, JOHN NAME 1141 DRUID RD SUITE 101 STREET ADDRESS 7641 CUMBERLAND RD STREET ADDRESS CITY-ST-ZIF LARGO FL 33777 CITY-ST-ZIP FL. 33756 VΡ πτιε ☐ Delete TITLE Change ☐ Addition NAME GEIGLE, KEVIN NAME 1/21 DRUID RO SUITE 101 1820 BRAXTON BRAGG LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33765** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIΠE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not 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 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 of the corporation or the received

vith all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

S!GNATURE

FILED