2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000093682

1. Entity Name
TCB FAST, INC.

Principal Place of Business	Mailing Address
1121 DRUID ROAD STE 101 CLEARWATER, FL 33756	1121 DRUID ROAD STE 101 CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

01272005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3475671		Not Applicable

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

6. Name and Address of Current Registered Agent

GEIGLE, JOHN J
1121 DRUID RD
STE 101
CLEARWATER, FL 33756

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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, 2005 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	GEIGLE, JOHN
STREET ADDRESS	1121 DRIOD RD STE 101
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	VP
NAME	GEIGLE, KEVIN
STREET ADDRESS	1121 DRIOD RD STE 101
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/05-80068-020 150.00

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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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _Kevin Geigle_   _1/31/05_   _727 943-3925_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #