

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90050 013 ***150.00

DOCUMENT # P97000109069

1. Entity Name
TGC ENTERPRISES, INC.



Principal Place of Business
**1479 BANKS RD
POMPANO BEACH, FL 33063-3921**

Mailing Address
**1479 BANKS RD
POMPANO BEACH, FL 33063-3921**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



02212005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0802414

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

**KOSOR, TAMARA K
2861 NW 74TH AVENUE
MARGATE, FL 33063**

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, 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 ☐ Delete
NAME **P**
STREET ADDRESS **KOSOR, TAMARA K**
CITY-ST-ZIP **2861 NW 74TH AVENUE
MARGATE, FL 33063**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **GARBIZO, URBAN**
CITY-ST-ZIP **4007 KATO DRIVE
CROSSVILLE, TN 38555**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **GARBIZO, MARY KATHERINE**
CITY-ST-ZIP **4007 KATO DRIVE
CROSSVILLE, TN 38555**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

SIGNATURE:

Tamara K Kosor

TAMARA K KOSOR *Per 3/24/05 954-346-7191*