


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90195 047 \*\*\*150.00

<b>DOCUMENT # P98000006408</b>		
1. Entity Name <b>T C B PRODUCTS, INC.</b>		

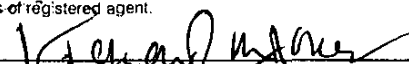
Principal Place of Business <b>7685 MATOAKA ROAD SARASOTA, FL 34243</b>	Mailing Address <b>7685 MATOAKA ROAD SARASOTA, FL 34243</b>
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2. Principal Place of Business <b>6114 33rd Street E.</b>	3. Mailing Address <b>6114 33rd Street E.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BRADENTON, FL</b>	City & State <b>BRADENTON, FL</b>
Zip <b>34203</b>	Zip <b>34203</b>
Country <b>MANATEE</b>	Country <b>MANATEE</b>

6. Name and Address of Current Registered Agent <b>JONES, RICHARD 7685 MATOAKA ROAD SARASOTA, FL 34243</b>		7. Name and Address of New Registered Agent Name <b>RICHARD JONES</b> Street Address (P.O. Box Number is Not Acceptable) <b>6114 33rd Street East</b> City <b>BRADENTON</b> FL Zip Code <b>34203</b>	
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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.

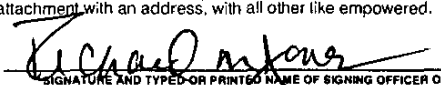
SIGNATURE  DATE \_\_\_\_\_

Signature of person or persons in front of registered agent and not applicable. (NOTE: Registered Agent signature required when reconstituting)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ROLFE, LINDSAY A</b> <b>7685 MATOAKA ROAD</b> <b>SARASOTA, FL 34243</b> <b>BRADENTON, FL 34203</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4-26-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR