

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000006408

1. Entity Name
T C B PRODUCTS, INC.



Principal Place of Business
7685 MATOAKA ROAD
SARASOTA, FL 34243

Mailing Address
7685 MATOAKA ROAD
SARASOTA, FL 34243

2. Principal Place of Business

6114 33rd Street E.
Suite, Apt. #, etc.

3. Mailing Address

6114 33rd Street E.
Suite, Apt. #, etc.

City & State
BRADENTON, FL

Zip 34203 Country MANATEE

City & State
BRADENTON, FL

Zip 34203 Country MANATEE

6. Name and Address of Current Registered Agent

JONES, RICHARD
7685 MATOAKA ROAD
SARASOTA, FL 34243

4. FEI Number
65-0803674
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name RICHARD JONES
Street Address (P.O. Box Number is Not Acceptable)
6114 33rd Street East

City BRADENTON Zip 34203

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

[Handwritten Signature]

Signature typed or printed into the box of signed agent and not handwritten.

(NOTE: Registered Agent signature required when changing)

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 D Delete
NAME ROLFE, LINDSAY A
STREET ADDRESS 7685 MATOAKA ROAD
CITY-ST-ZIP SARASOTA, FL 34243

6114 33rd St. E.
BRADENTON, FL 34203

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

Date

Daytime Phone #

