FILED
Mar 21, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000018494

1. Entity Name
TCM & RA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
35495 HWY 27 HAINES CITY, FL 33844	35495 HWY 27 HAINES CITY, FL 33844

DO NOT WRITE IN THIS SPACE

02242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3499499
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TIDWELL, ROBERT A
903 US HWY 27 N
HAINES CITY, FL 33844

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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: Robert A Tidwell Robert A Tidwell President
(Signature, name & registered agent and title if applicable) (If Registered Agent signature required under rule/statute) 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

U00000272232
03/21/05-80080-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TIDWELL, ROBERT A
STREET ADDRESS	211 INVERNESS WAY
CITY ST ZIP	WINTER HAVEN FL 33881
TITLE	VSTD
NAME	TIDWELL, LINDA G
STREET ADDRESS	211 INVERNESS WAY
CITY ST ZIP	WINTER HAVEN, FL 33881
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	

DO NOT WRITE IN THIS SPACE

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: Robert A Tidwell Robert A Tidwell President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date