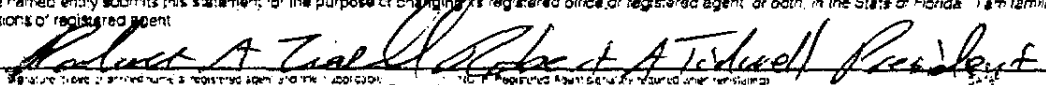
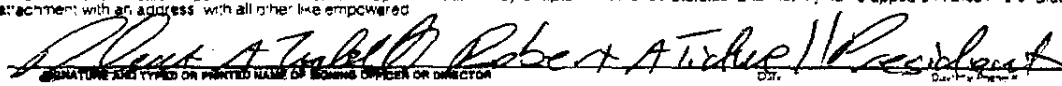


FILED
Mar 21, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000018494																																										
1. Entity Name TCM & RA ENTERPRISES, INC.																																										
Principal Place of Business 35495 HWY 27 HAINES CITY, FL 33844		Mailing Address 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 No, 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		DO NOT WRITE IN THIS SPACE																																								
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:  President																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS		U000000272232 03/21/05-80080-010 150.00																																								
<table border="1"><tr><td>TITLE</td><td>PD</td></tr><tr><td>NAME</td><td>TIDWELL, ROBERT A</td></tr><tr><td>STREET ADDRESS</td><td>211 INVERNESS WAY</td></tr><tr><td>CITY, ST, ZIP</td><td>WINTER HAVEN FL 33881</td></tr><tr><td>TITLE</td><td>VSTD</td></tr><tr><td>NAME</td><td>TIDWELL, LINDA G</td></tr><tr><td>STREET ADDRESS</td><td>211 INVERNESS WAY</td></tr><tr><td>CITY, ST, ZIP</td><td>WINTER HAVEN, FL 33881</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY, ST, ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY, ST, ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY, ST, ZIP</td><td></td></tr></table>		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		DO NOT WRITE IN THIS SPACE
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																																										
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 is empowered to execute this report as required by Chapter 807, 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:  President																																										