

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> <i>98 0000 41976</i>	
<b>1. Entity Name</b> TMC CONSTRUCTION INC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 11035 FLATWOOD AVE Suite, Apt. #, etc. City & State WEEKI WACHEE, FL Zip 34613-4669	<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-3537062	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> ANTHONY MAULONI	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 11035 FLATWOOD AVE	
<b>City</b> WEEKI WACHEE	<b>FL</b> <b>Zip Code</b> 34613

**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**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PRESIDENT <b>NAME</b> ANTHONY MAULONI <b>STREET ADDRESS</b> 11035 FLATWOOD AVE <b>CITY-ST-ZIP</b> WEEKI WACHEE, FL 34613	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**11.**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>000000498272</i> <i>04/22/06-30086-015 150.00</i>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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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 on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> <i>Anthony Mauloni</i>	<b>PRESIDENT</b>	<b>2/15/2006</b>	<b>352-597-8743</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date</b>	<b>Daytime Phone #</b>