


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90002 006 \*\*\*158.75

<b>DOCUMENT # P99000066314</b>	
1. Entity Name TCU ASSOCIATES, INC.	

Principal Place of Business 3620 ASTER DRIVE SARASOTA, FL 34233	Mailing Address 3620 ASTER DRIVE SARASOTA, FL 34233
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07052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0936581	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

*THOMPSON*  
THOMPSON, JERRY  
3620 ASTER DRIVE  
SARASOTA, FL 34233

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<i>JERRY</i>
NAME	THOMPSON, JERRY	
STREET ADDRESS	3620 ASTER DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	V	
NAME	THOMPSON, LINDA I	
STREET ADDRESS	3620 ASTER DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34233	
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:  *17-5-04* *941-929-9167*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

TCU ASSOCIATES. INC.  
3620 Aster Drive  
Sarasota, Florida 34233  
941-929-9707

54060795  
#P99000066314

Division of Corporations  
PO Box 6198  
Tallahassee, Florida 32314-6198  
7/05/2004

To whom it may concern,

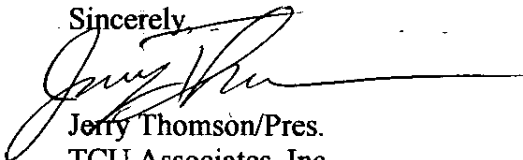
Pleased be advised that we did not receive an application for renewal for the year 2004.

We called several times and requested a form but never received it.

Please accept our payment of \$150.00 filing fee and \$8.75 for a copy of the registration certificate.

We are sorry for any inconvenience and if you have any questions please feel free to call on us.

Sincerely



Jerry Thomson/Pres.  
TCU Associates, Inc