

2004 FOR PROFIT CORPORATION ANNUAL REPORT

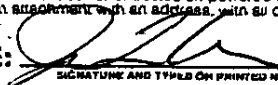
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Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90981 036 ***150.00

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04212004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000079377					
1. Entity Name TCT MANUFACTURING, INC.					
Principal Place of Business 1217 ROBIE AVE MOUNT DORA, FL 32757			Mailing Address P.O. BOX 1768 MOUNT DORA, FL 32757		
2. Principal Place of Business		3. Mailing Address 1217 Robie Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Mount Dora FL		4. FEI Number 59-3599922	
Zip	Country	Zip	Country	5. Certificate of Status Due: 00 ☐ \$8.75 Additional Fee Required	
32757		LAKE			
6. Name and Address of Current Registered Agent URMSON, JAMES F 1217 ROBIE AVE MOUNT DORA, FL 32757			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 removing)					
DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	URMSON, JAMES F		NAME	Urmson, James F.	
STREET ADDRESS	28240 LAKE INDUSTRIAL BLVD.		STREET ADDRESS	1217 Robie Avenue	
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP	Mount Dora FL 32757	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(x), 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 amendment with an address, with all other the empowered.					
SIGNATURE: 			4-22-04 352-735-5070		
SIGNATURE AND TYPED OR PRINTED NAME BY SIGNING OFFICER OR DIRECTOR			Date Day/Mo/Yr		