

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90131 023 ***150.00

DOCUMENT # V23235

1. Entity Name
TCL SUBS, INC.



Principal Place of Business
2671 S WOODLAND BLVD
DELAND, FL 32720

Mailing Address
2671 S WOODLAND BLVD
DELAND, FL 32720

14015928



03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3115607

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ-SNOWDEN, SUSAN
2529 DERBY DRIVE
DELTONA, FL 32738

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SNOWDEN, SUSAN
STREET ADDRESS	2529 DERBY DRIVE
CITY-ST-ZIP	DELTONA, FL
TITLE	V
NAME	NAPOLITANO, TAMARA
STREET ADDRESS	2529 DERBY DRIVE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	T
NAME	ORTIZ, CHERYL
STREET ADDRESS	2502 LAWLER LANE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	S
NAME	Kaletn Lisa
STREET ADDRESS	1937 Eden Drive
CITY-ST-ZIP	Deltona, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

108 Norris Place
Casselberry, FL 32707

DouThiL Cheryl
1205 ELKMAN BLVD
DELTONA, FL 32738

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Ortiz Snowden Susan Ortiz Snowden

Date

4-26-05

Daytime Phone #

386 789-5966