

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90206 001 ***150.00

05-05-2006 90206 002 *****8.75

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

66014777



02272006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SNOWDEN, SUSAN 2529 DERBY DRIVE DELTONA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V NAPOLITANO, TAMARA 108 NORRIS PLACE CASSELBERRY, FL 32707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ORTIZ, CHERYL 1203 MCLEAN BLVD DELTONA, FL 32738 <i>Douthitt, Cheryl 1205 Elkcam Blvd Deltona FL 32738</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Kaleta, Lisa 2529 Derby Dr Deltona, FL 32738 |
| 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 exemptions contained in Chapter 119, 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 O. Snowden* **SUSAN O. SNOWDEN** **4-25-06** **386-789-5966**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #