


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90022 025 \*\*\*150.00

<b>DOCUMENT # V23235</b> 1. Entity Name TCL SUBS, INC.	
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40114668



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3115607	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  ORTIZ-SNOWDEN, SUSAN 2529 DERBY DRIVE DELTONA, FL 32738	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 DOUTHIT, CHERYL 1205 ELKCAM BLVD DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KELCTA, LISA <i>Kaletka, Lisa</i> 2529 DORBY 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 4/30/07 386 789-5966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #