

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V23235

Entity Name: TCL SUBS, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

2671 S WOODLAND BLVD
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

2671 S WOODLAND BLVD
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-3115607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SNOWDEN, SUSAN
Address: 2529 DERBY DRIVE
City-St-Zip: DELTONA, FL

Title: V () Delete
Name: NAPOLITANO, TAMARA
Address: 108 NORRIS PLACE
City-St-Zip: CASSELBERRY, FL 32707

Title: T () Delete
Name: KALETA, LISA
Address: 1205 ELKCAM BLVD
City-St-Zip: DELTONA, FL 32738

Title: S () Delete
Name: DOUTHIT, CHERYL
Address: 1205 ELKCAM BLVD
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SNOWDEN, SUSAN
Address: 2529 DERBY DRIVE
City-St-Zip: DELTONA, FL 32738

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN ORTIZ SNOWDEN

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date