## 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P19000064899

Entity Name: TCB PROPERTY MANAGEMENT INC

#### **Current Principal Place of Business:**

6770 SPRING STREET COCOA, FL 32927

#### **Current Mailing Address:**

P.O. BOX 1299 SHARPES, FL 32959 US

## FEI Number: 27-0572866

# Name and Address of Current Registered Agent:

FREEMAN, SHARON 6770 SPRING STREET COCOA, FL 32927 US

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

## Officer/Director Detail :

| Title           | Р                | Title           | D                |
|-----------------|------------------|-----------------|------------------|
| Name            | FREEMAN, SHARON  | Name            | FOSTER, RENAE    |
| Address         | P.O. BOX 1299    | Address         | P.O. BOX 1299    |
| City-State-Zip: | SHARPES FL 32959 | City-State-Zip: | SHARPES FL 32959 |
| Title           | DIRECTOR         |                 |                  |
| Name            | PETTIT, MELINDA  |                 |                  |
| Address         | P.O. BOX 1299    |                 |                  |
| City-State-Zip: | SHARPES FL 32959 |                 |                  |

I hereby 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 all other like empowered.

## SIGNATURE: RENAE FOSTER

D

Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 25, 2023 Secretary of State 0667192395CC

Certificate of Status Desired: No