

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51171

FILED  
Jan 21, 2011  
Secretary of State

Entity Name: T & M PROPERTIES, INC.

**Current Principal Place of Business:**

499 N SR 434  
SUITE 2179  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

499 N SR 434  
SUITE 2179  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

FEI Number: 65-0094754      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLLINSWORTH, GEORGE R II  
499 N SR 434  
SUITE 2179  
ALTAMONTE SPRINGS, FL 32714 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MOORE, BARBARA J  
Address: 499 N SR 434 SUITE 2179  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DV  
Name: TATE, STANLEY G  
Address: 499 N SR 434 SUITE 2179  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ST  
Name: HOLLINGSWORTH, GEORGE R II  
Address: 499 N SR 434 SUITE 2179  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D  
Name: STEIN, TRACY  
Address: 499 N SR 494 STE 2179  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: GEORGE R HOLLINGSWORTH II

TRES

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date