

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000054630

FILED
Apr 28, 2008
Secretary of State

Entity Name: T & L COMMERCIAL SERVICES, INC.

Current Principal Place of Business:

6203 ARLINGTON WAY
FT PIERCE, FL 34951

New Principal Place of Business:

6225 SANTA MARGARITO DRIVE
FT PIERCE, FL 34951

Current Mailing Address:

6203 ARLINGTON WAY
FT PIERCE, FL 34951

New Mailing Address:

6225 SANTA MARGARITO DRIVE
FT PIERCE, FL 34951

FEI Number: 65-1113645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVE, MICHAEL L
6203 ARLINGTON WAY
FT PIERCE, FL 34951 US

Name and Address of New Registered Agent:

LOVE, MICHAEL L
6225 SANTA MARGARITO DRIVE
FT PIERCE, FL 34951 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: MICHAEL LOVE

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LOVE, MICHAEL L
Address: 6203 ARLINGTON WAY
City-St-Zip: FT PIERCE, FL 34951

Title: DST () Delete
Name: LOVE, JULIANN C
Address: 6203 ARLINGTON WAY
City-St-Zip: FT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LOVE, MICHAEL L
Address: 6225 SANTA MARGARITO DRIVE
City-St-Zip: FT PIERCE, FL 34951

Title: DST (X) Change () Addition
Name: LOVE, JULIANN C
Address: 6225 SANTA MARGARITO DRIVE
City-St-Zip: FT PIERCE, FL 34951

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: JULIANN LOVE

VP

04/28/2008

Electronic Signature of Signing Officer or Director

Date