

AMENDED

2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-05-2004 90003 031 *** 88.75

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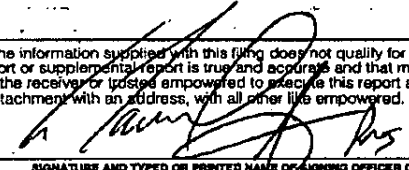
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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03182004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000023107					
1. Entity Name T & T HOMES, INC.					
Principal Place of Business 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394			Mailing Address 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0632298	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOYLE, CONRAD J 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TAMACCIO, ANTHONY JR. 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAMACCIO, ANTHONY JR 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TAMACCIO, MICHAEL 500 E BROWARD BLVD STE 1950 FT LAUDERDALE, FL 33384 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		3/30/04		561-756-2337	
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR		Date		Daytime Phone #	

6/16 AD