

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90178 022 \*\*\*150.00

00000070



<b>DOCUMENT # P03000131559</b> 1. Entity Name <b>T &amp; T SPECIALTY SERVICES, INC.</b>					
Principal Place of Business <b>555 HARTLEY PL ORLANDO, FL 32805 US</b>			Mailing Address <b>33435 WESLEY ROAD EUSTIS, FL 32736 US</b>		
2. Principal Place of Business		3. Mailing Address <b>555 Hartley PL</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>ORLANDO FL</b>		4. FEI Number <b>20-0409831</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		05012006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>THOMAS, HOWARD 555 HARTLEY PL ORLANDO, FL 32805</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D THOMAS, HOWARD 555 HARTLEY PL ORLANDO, FL 32805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Anthony, TWANETTA 42810 Honey Suckle St Eustis FL 32726	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTHONY, TWANETTA D 33435 WESLEY ROAD EUSTIS, FL 32736		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	
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 exemptions contained 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					