# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 21, 2005**
**Secretary of State**

DOCUMENT# P98000028103

**Entity Name:** 3 T ENTERPRISES INC

**Current Principal Place of Business:**

6951 PISTOL RANGE ROAD
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

6951 PISTOL RANGE ROAD
TAMPA, FL 33626

**New Mailing Address:**

11917 KEATING DR.
TAMPA, FL 33626

**FEI Number: 59-3502529** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

TOMASELLO, PETER A
11917 KEATING DR
TAMPA, FL 33626 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: TOMASELLO, PETER A
Address: 11917 KEATING DR
City-St-Zip: TAMPA, FL

Title: VD ( ) Delete
Name: TOMASELLO, PETER L
Address: 5521 REFLECTIONS BLVD
City-St-Zip: TAMPA, FL

Title: TAS ( ) Delete
Name: THOMPSON, PAUL E
Address: 13128 TIFTON AVE
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER A TOMASELLO PD 07/21/2005

Electronic Signature of Signing Officer or Director Date