

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 487411

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: T SQUARED, INC. OF JACKSONVILLE, FLORIDA

## Current Principal Place of Business:

3855 ST. JOHNS AVE.  
JACKSONVILLE, FL 32205

## New Principal Place of Business:

## Current Mailing Address:

3855 ST. JOHNS AVE.  
JACKSONVILLE, FL 32205

## New Mailing Address:

FEI Number: 59-1704848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRENSHAW, MCCARTHY JR  
3855 ST JOHNS AVE  
JACKSONVILLE, FL 32205 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CRENSHAW, CONSTANCE T  
Address: 3855 ST JOHNS AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VPD ( ) Delete  
Name: HARRIS, SUSAN T  
Address: 101 RICHARD LANE  
City-St-Zip: BLACK MOUNTAIN, NC 27811

Title: VPD ( ) Delete  
Name: SOMERVILLE, MARY T  
Address: 13631 ASHRIDGE LANE  
City-St-Zip: DALLAS, TX 75240

Title: VPD ( ) Delete  
Name: TAYLOR, JAMES W JR  
Address: 95 OKLAHOMA ROAD  
City-St-Zip: MONTREAT, NC 28757

Title: S ( ) Delete  
Name: CRENSHAW, MCCARTHY JR.  
Address: 3855 ST. JOHNS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205

## 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:

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 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: CONSTANCE T CRENSHAW

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date