

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000003158

1. Entity Name
T & C PRODUCTS, INC.



Principal Place of Business
**6431 MOORINGS PT. CIR. UNIT 202
BRADENTON, FL 34202**

Mailing Address
**6431 MOORINGS PT. CIR. UNIT 202
BRADENTON, FL 34202**



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number
52-1695570

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TAYLOR, B. THOMAS
6431 MOORINGS PT. CIR. UNIT 202
BRADENTON, FL 34202**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000676004
03/30/07-80041-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	CPT TAYLOR, B. THOMAS 6431 MOORINGS PT. CIR. UNIT 202 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCVP TAYLOR, CHRISTINA L 6431 MOORINGS PT. CIR. UNIT 202 BRADENTON, FL 34202
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

B. Thomas Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-07
Date

252-259-5431
Daytime Phone #