2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000003116

T & N, INC. OF VOLUSIA COUNTY



FILED Jan 25, 2007 08:00 AM **Secretary of State**

Principal Place of Business

248 S. BEACH ST. DAYTONA BEACH, FL 32114 Mailing Address

P.O. BOX 705

DAYTONA BEACH, FL 32115-0705



01132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3475897

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE

6. Name and Address of Current Registered Agent

JOHNSON, RONALD A 326 S. GRANDVIEW AVENUE DAYTONA BEACH, FL 32118

IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered office	or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINNIG, TIMOTHY 248 S. BEACH ST. DAYTONA BEACH, FL 32114			U00000602762 01/26/07-80103-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD MINNIG, NANCY 248 S. BEACH ST. DAYTONA BEACH, FL 32114			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		, ,

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.

T(7) F NAME STREET ADDRESS CITY-ST-ZIP

NING OFFICER OR DIRECTOR

13/02 386-252-7462 Date Dayline Priore "