


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State


DOCUMENT # G18673
1. Entity Name
7 T'S ENTERPRISES, INC.



Principal Place of Business
9905 CLINT MOORE ROAD
BOCA RATON, FL 33496-1016

Mailing Address
9905 CLINT MOORE ROAD
BOCA RATON, FL 33496-1016

DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2245115 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, RICHARD L
9905 CLINT MOORE RD
BOCA RATON, FL 33496

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

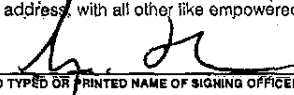
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, STEPHEN
STREET ADDRESS	9905 CLINT MOORE RD
CITY-ST-ZIP	BOCA RATON, FL
TITLE	SD
NAME	LASALLE, KATHY
STREET ADDRESS	9905 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON, FL
TITLE	TD
NAME	THOMAS, CINDY
STREET ADDRESS	9905 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VD
NAME	ANDERSHOCK, JANE.
STREET ADDRESS	9905 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON, FL
TITLE	DV
NAME	THOMAS, NORMAN
STREET ADDRESS	9905 CLINT MOORE RD
CITY-ST-ZIP	BOCA RATON, FL
TITLE	DV
NAME	THOMAS, JOHN JR
STREET ADDRESS	9905 CLINT MOORE RD
CITY-ST-ZIP	BOCA RATON, FL

UN0000297204
04/11/05-80019-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4-7-05 561-482-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #