2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # G95340 1. Entity Name					Feb 23, 2004 08:00 AM Secretary of State	
T & T PROPERTIES, INC.					Secretary or State	
Principal Place of Business		Mailing Address				
368 RIVERBLUFF CIR DEBARY FL 32713		P.O. BOX 530776 DEBARY FL 32753 US				
2. Principal Place of Business		3. Mailing Address Suite, Apt. #, etc.				
Suite, Apt. #, etc.		Suite, Apr. #, etc.			MOORE CR2E034 (11/03)	
City & State		City & State			4. FEI Number 59-2576296 Applied For Not Applicable	
Zìp	Country	Zıp	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
ED THOMAS			Name			
808 DELABOSQUE LONGWOOD FL 32750			Street /	Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code	
8. The above the obligat	named entity submits this statement to ions of registered agent.	or the purpose of changing its	registered office of	r registere	ed agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature typed or printed name of registered agent	and title if applicable, (NOT)	E. Registered Agent signa	ture required v	when renstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND	- F - C - C - C - C - C - C - C - C - C	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY - ST-ZIP	THOMAS, CHARLES EDWARD 808 DELABOSQUE LONGWOOD FL 32750		NAME Street Address City-St-Zip		U00000061713 02/23/04-80093-006 150.00	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	THOMAS, JAMES R. 368 RIVER BLUFF CIRCLE		NAME STREET ADDRESS		· · <u>-</u>	
CITY-ST-ZIP	DEBARY FL		CITY-ST-ZIP	ļ		
NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, KAYE LYNN 368 RIVER BLUFF CIRCLE DEBARY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addilion	
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12. I hereby certify that the information supplied with this filling does not qualify 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 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:

| Aug. Lym. | Date | Daymer Profile | Daymer P