


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2008 8:00 am**  
**Secretary of State**

07-17-2008 90060 001 \*\*\*150.00

DOCUMENT # <b>505764</b>	
1. Entity Name <b>T &amp; T Equine Insurance Inc</b>	

**DO NOT WRITE IN THIS SPACE**

**40111286**

2. Principal Place of Business - No P.O. Box # <b>10754 GREENBRIAR VILLA DR</b>		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>LAKE WORTH, FL</b>		City & State  	
Zip <b>33449</b>	Country <b>P.B.</b>	Zip  	Country  

CR2E034B (5/07)

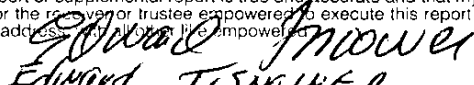
<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>592626335</b>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <b>EDWARD TISNOWER</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>10754 GREENBRIAR VILLA DR</b>			
City <b>LAKE WORTH FL</b>			Zip Code <b>33449</b>

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 <b>7-11-08</b>

January 1 - May 1 Fee is \$156.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT EDWARD TISNOWER 10754 GREENBRIAR VILLA DR LAKE WORTH FL 33449</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address in the State of Florida.	
SIGNATURE: 	DATE: <b>7-11-08</b> <b>561-965-7527</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Date Daytime Phone #

ATTACHMENT

40111286

# J05764

T & T EQUINE INSURANCE, INC.  
10754 GREENBRIAR VILLA DRIVE  
LAKE WORTH, FLORIDA 33449

7-11-08  
I RECEIVED the post card for Renewal Corp. filing  
and RETURNED it TWICE. Did NOT RECEIVE my  
Renewal FORM and forgot About it. Received  
another card of intent to dissolve. I sent that  
Reply requesting another form. Renewal. Still HAVE  
NOT RECEIVED it. Had to call for a blank copy  
to be sent. ENCLOSED Please find RENEWAL FORM  
Request taken by: bbmitchell  
07-07-2008

Thank you  
Edward J. Nowell

The forms you recently requested from this office are:

(2) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314