2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J52847

1. Entity Name T & T PIPELINE CO., INC.

Principal Place of Business

444 FERGUSON DR. ORLANDO, FL 32805 Mailing Address

444 FERGUSON DR. ORLANDO, FL 32805

FILED Mar 10, 2004 08:00 AM Secretary of State



01272004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2724296 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TENNEY, JAMES 444 FERGUSON DR. ORLANDO, FL 32805

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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) OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			U00000083103 03/10/04-80026-001 158.75
10.	OFFICERS AND DIREC	CTORS			
TRILE NAME STREET ADDRESS CITY-ST-ZIP	P TENNEY, JAMES 444 FERGUSON DR. ORLANDO, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TENNEY, WILLIAM 444 FERGUSON DRIVE ORLANDO, FL			-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TENNEY, BARBARA 444 FERGUSON DRIVE ORLANDO, FL			DO	NOT WRITE
TRILE NAME STREET ADDRESS CRY-SI-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· -
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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 supplier expet is true and accurate and that my signature shall have the same legal affect as if made under not be that I am an officer or director.					

12. I hereby certify that the information supplied with this tiling does not quality 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-04

(407)290-5509

Daytime Phone #