

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

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**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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

3-15-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
TENNEY, JAMES
STREET ADDRESS
444 FERGUSON DR.
CITY-ST-ZIP
ORLANDO, FL

TITLE
VT
NAME
TENNEY, WILLIAM
STREET ADDRESS
444 FERGUSON DRIVE
CITY-ST-ZIP
ORLANDO, FL

TITLE
S
NAME
TENNEY, BARBARA
STREET ADDRESS
444 FERGUSON DRIVE
CITY-ST-ZIP
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000671178
03/28/07-80018-016 158.75

**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 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

3-15-07

Date

(407)290-5509

Daytime Phone #