


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J69275</b>	
1. Entity Name <b>T &amp; G CORPORATION</b>	

Principal Place of Business <b>8623 COMMODITY CIR ORLANDO, FL 32819 US</b>	Mailing Address <b>8623 COMMODITY CIR ORLANDO, FL 32819 US</b>
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04232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2806739</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>WRIGHT, MICHAEL T 8623 COMMODITY CIRCLE ORLANDO, FL 32819</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (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	
NAME P GONZALEZ, RICARDO H STREET ADDRESS 8623 COMMODITY CIRCLE CITY-ST-ZIP ORLANDO, FL 32819	<p>U000000746330 05/16/07-80066-005 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
NAME VP GRABOSKY, DAVID M STREET ADDRESS 8623 COMMODITY CIRCLE CITY-ST-ZIP ORLANDO, FL 32819	
NAME ST WRIGHT, MICHAEL T STREET ADDRESS 8623 COMMODITY CIRCLE CITY-ST-ZIP ORLANDO, FL 32819	
NAME STREET ADDRESS CITY-ST-ZIP	
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NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	

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

Date **4/23/07** Daytime Phone #