

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # L57028

1. Entity Name

T & P FINANCIAL CORPORATION



Principal Place of Business

742-478 NORTHLAKE BLVD.
LAKE PARK, FL 33408-5208

Mailing Address

742 NORTHLAKE BLVD
NO PALM BCH, FL 33408 US

DO NOT WRITE IN THIS SPACE



03052008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0175571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASCETTA, PETER
742-748 NORTHLAKE BLVD.
LAKE PARK, FL 33403

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | D |
| NAME | BASCETTA, PETER |
| STREET ADDRESS | 742-748 NORTHLAKE BLVD. |
| CITY-ST-ZIP | LAKE PARK, FL |
| TITLE | D |
| NAME | BASCETTA, SHELLY |
| STREET ADDRESS | 742-748 NORTHLAKE BLVD. |
| CITY-ST-ZIP | LAKE PARK, FL |
| TITLE | D |
| NAME | BASCETTA, THOMAS |
| STREET ADDRESS | 742-748 NORTHLAKE BLVD. |
| CITY-ST-ZIP | LAKE PARK, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/26/08-80046-021 158.75

**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

Date

Daytime Phone #