

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000018355**

1. Entity Name  
**TEE TEE CEE MANAGEMENT, INC.**



Principal Place of Business  
**5379 HUNTERS LAKEROAD, LOT 2  
SPRING HILL, FL 34606**

Mailing Address  
**5379 HUNTERS LAKEROAD, LOT 2  
SPRING HILL, FL 34606**



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3627809</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CONNER, THELMA T  
5379 HUNTERS LAKEROAD, LOT 2  
SPRING HILL, FL 34606**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000544260  
05/11/06-80031-005 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	VTSD
NAME	CONNER, MICHAEL D
STREET ADDRESS	5379 HUNTERS LAKE RAOD, LOT #2
CITY-ST-ZIP	SPRING HILL, FL 34606

TITLE	PD
NAME	CONNER, THELMA T
STREET ADDRESS	5379 HUNTERS LAKE RAOD, LOT #2
CITY-ST-ZIP	SPRING HILL, FL 34606

TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*Thelma T. Conner, President* 4-27-2006, 352-683-2329  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #