2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000059375

1. Entity Name
T & M ENTERPRISES OF RIDGE MANOR, INC.

Principal Place of Business	Mailing Address
4992 LAKEWOOD DR.	4992 LAKEWOOD DR.
RIDGE MANOR, FL 33523-8841	RIDGE MANOR, FL 33523-8841

DO NOT WRITE IN THIS SPACE

01222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3691869	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, DAVID J ESQ.
14217 3RD ST.
DADE CITY, FL 33523

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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)   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	PD
NAME	MARSHALL, MARTI
STREET ADDRESS	4992 LAKEWOOD DR.
CITY-ST-ZIP	RIDGE MANOR, FL 335238841

TITLE	VP
NAME	MARSHALL, TOM
STREET ADDRESS	4992 LAKEWOOD DR
CITY-ST-ZIP	RIDGE MANOR, FL 335238841

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/07-80026-002 150.00

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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: _Marti Marshall_ Marti Marshall 4-24-07 352 583 2143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #