

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90097 021 \*\*\*150.00

**DOCUMENT # P00000059527**

1. Entity Name

T & J SUPERVISORS, INC.



Principal Place of Business

41 SW 5TH ST.  
DANIA FL 33004

Mailing Address

4161 SW 66TH TERRACE  
#107  
FORT LAUDERDALE FL 33314

2. Principal Place of Business

3. Mailing Address

41 S.W. 5<sup>TH</sup> ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
DANIA, FLORIDA

Zip

Country

Zip

33004

Country

4. FEI Number

65-1017734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOMBS, TERRELL E  
41 SW 5TH STREET  
DANIA BEACH FL 33004

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME  
MCCOMBS, TERRELL  
STREET ADDRESS  
41 SW 5TH STREET  
CITY-ST-ZIP  
DANIA FL 33004

TITLE ☐ Delete

NAME  
MCCOMBS, TERRELL E  
STREET ADDRESS  
41 SW 5TH STREET  
CITY-ST-ZIP  
DANIA BEACH FL 33004

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 Section 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:

*[Handwritten Signature]*

TERRELL E. MCCOMBS

(954) 545-7766 WK  
1-74-06 (954) 922-5556