ANNUAL REPORT (AR)

DOCUMENT # P00000059527

1. Entity Name

T & J SUPERVISIORS, INC.

FILED
Feb 01, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
41 SW 5TH ST. DANIA FL 33004	41 S.W 5TH ST. DANIA FL 33004

2. Principal Place of Business - No P.O. Box #
Suite, Apt #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip / Country

1st MOORE CR2E034 (10/07)

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

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

7. Name and Address of New Registered Agent

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 ______ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	PTD	☐ Delete
NAME	MCCOMBS, TERRELL	
STREET ADDRESS	41 SW 5TH STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	PRES	☐ 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

(Six blank blocks, each: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, ☐ Change ☐ Addition)

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: TERRELL E. MCCOMBS JAN. 26, 2008 (954)922-5556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE