


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90075 004 ***150.00

DOCUMENT # P01000058480

1. Entity Name
T & F FINANCIAL, INC.



Principal Place of Business Mailing Address

10935 S.E. 177TH PLACE 10935 S.E. 177TH PLACE
 SUITE 403 SUITE 403
 SUMMERFIELD, FL 34491 SUMMERFIELD, FL 34491

2. Principal Place of Business 3. Mailing Address

13690 US HWY 441 **13690 US HWY 441**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#200 **#200**

City & State City & State

LADY LAKE, FL **LADY LAKE, FL**

Zip Country Zip Country

32159 **FL** **32159** **FL**



04132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

DAVIS, TODD L
 10935 S.E. 177TH PLACE
 SUITE 403
 SUMMERFIELD, FL 34491

4. FEI Number Applied For

59-3725298 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

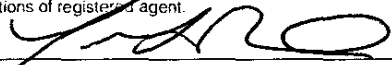
Name

Street Address (P.O. Box Number is Not Acceptable)
13690 US HWY 441 #200

City State Zip Code

LADY LAKE FL 32159

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: **4/12/04**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00

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

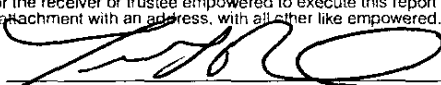
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, TODD L	
STREET ADDRESS	10935 S.E. 177TH PLACE #403	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	HACKNEY, FREDRICK S	
STREET ADDRESS	10935 S.E. 177TH PLACE #403	
CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13690 US HWY 441 #200	
STREET ADDRESS	13690 US HWY 441 #200	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13690 US HWY 441 #200	
STREET ADDRESS	13690 US HWY 441 #200	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **4/12/04** DAYTIME PHONE #: **352-751-1741**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR