


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
2/10/2004 90027-044 \$150.00 \$150.00
TALLAHASSEE, FLORIDA

04 MAR 12 PM 12:25

DOCUMENT # P01000086206	
1. Entity Name T & D UNLIMITED INC.	

Principal Place of Business 310 POLK DRIVE TALLAHASSEE FL 32301	Mailing Address 4827 CRAWFORDVILLE RD., #4 TALLAHASSEE FL 32305
-------------------------------------------------------------------------------	-------------------------------------------------------------------------------

2. Principal Place of Business 310 POLK DR.	3. Mailing Address 4827 CRAWFORDVILLE RD. #6
Suite, Apt. #, etc.	Suite, Apt. #, etc. #6

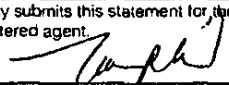
City & State TALLAHASSEE, FL.	City & State TALLAHASSEE, FL.
Zip 32301	Zip 32305
Country U.S.A.	Country U.S.A.



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent TRAN, LISA 4827 CRAWFORDVILLE RD., #4 TALLAHASSEE FL 32310		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.

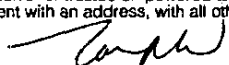
SIGNATURE  DATE **2/5/04.**

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TRAN, LISA		NAME	
STREET ADDRESS 4827 CRAWFORDVILLE RD., #4		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32305		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TRAN, DAVID		NAME	
STREET ADDRESS 4827 CRAWFORDVILLE RD., #4		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32305		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TRAN, SAMANTHA		NAME	
STREET ADDRESS 4827 CRAWFORDVILLE RD., #4		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32305		CITY-ST-ZIP	
TITLE C	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME NGUYEN, HAI		NAME	
STREET ADDRESS 4827 CRAWFORDVILLE RD., #4		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32305		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 **2/5/04.** (850) 656-1232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR