

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000086206

1. Entity Name  
T & D UNLIMITED INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 16 PM 2:31

Principal Place of Business  
310 POLK DRIVE  
TALLAHASSEE, FL 32301

Mailing Address  
4827 CRAWFORDVILLE RD., #6  
TALLAHASSEE, FL 32305



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
20-0777591

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

TRAN, LISA  
4827 CRAWFORDVILLE RD., #4  
TALLAHASSEE, FL 32310

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME TRAN, LISA ☐ Delete  
STREET ADDRESS 4827 CRAWFORDVILLE RD., #4  
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE D  
NAME TRAN, DAVID ☐ Delete  
STREET ADDRESS 4827 CRAWFORDVILLE RD., #4  
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE V  
NAME TRAN, SAMANTHA ☐ Delete  
STREET ADDRESS 4827 CRAWFORDVILLE RD., #4  
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE C  
NAME NGUYEN, HAI ☐ Delete  
STREET ADDRESS 4827 CRAWFORDVILLE RD., #4  
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME 600048831246 ☐ Addition  
STREET ADDRESS 03/22/05--01012--008 \*\*150.00  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05

Date

(850) 656-1232

Daytime Phone #