
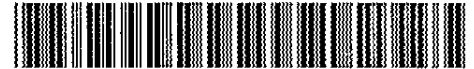


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000087601			
1. Entity Name T & G PROPERTY SERVICE, INC.			
Principal Place of Business 5132 GALLEON CT NEW PORT RICHEY FL 34652		Mailing Address 5132 GALLEON CT NEW PORT RICHEY FL 34652	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GIUNTA, JOHNNY 5132 GALLEON CT NEW PORT RICHEY FL 34652		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: *Johnny Giunta* **Johnny Giunta** DATE: **1/30/04**

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 \$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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIUNTA, JOHNNY	NAME	U00000032984	NAME		NAME	
STREET ADDRESS	5132 GALLEON CT	STREET ADDRESS	02/05/04-80025-011 150.00	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIUNTA, SHERRY	NAME		NAME		NAME	
STREET ADDRESS	5132 GALLEON CT	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME	TAYLOR, KENNETH	NAME		NAME		NAME	
STREET ADDRESS	3506 FOXWOOD BLVD	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME	TAYLOR, JOANNE	NAME		NAME		NAME	
STREET ADDRESS	3506 FOXWOOD BLVD	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		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)(f), 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: *Johnny Giunta* **Johnny Giunta** DATE: **1/30/04** PHONE: **727-841-7756**

Signature and typed or printed name of signing officer or director Date Daytime Phone #