

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000001444

1. Entity Name
TJTB, INC.



Principal Place of Business
8655 CRESTGATE CIRCLE
ORLANDO, FL 32819

Mailing Address
8655 CRESTGATE CIRCLE
ORLANDO, FL 32819



02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0558675

| |
|----------------|
| Applied For |
| Not Applicable |

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

6. Name and Address of Current Registered Agent

JONES, TODD
8655 CRESTGATE CIRCLE
ORLANDO, FL 32819

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | DP |
| NAME | JONES, TODD |
| STREET ADDRESS | 8655 CRESTGATE CIRCLE |
| CITY - ST - ZIP | ORLANDO, FL 32819 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

U00000476962
04/06/06-80031-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Todd Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06
Date

Daytime Phone #