

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90101 016 ***150.00

DOCUMENT # P02000004853

1. Entity Name
T & J ESTIMATING, INC.



Principal Place of Business
**15004 SAVANNAH DR.
NAPLES, FL 34119**

Mailing Address
**15004 SAVANNAH DR.
NAPLES, FL 34119**



2. Principal Place of Business - No P.O. Box #
**C/O LUTZ & KNUDSON, P. A.
Suite, Apt. #, etc.
201 EIGHTH STREET SO.#302**

3. Mailing Address
**C/O LUTZ & KNUDSON, P. A.
Suite, Apt. #, etc.
201 EIGHTH STREET SO.#302**

01252007 Chg-P CR2E034 (12/06)

City & State
NAPLES, FLORIDA

City & State
NAPLES, FLORIDA

4. FEI Number
26-0029360

Applied For
Not Applicable

Zip Country
34102 USA

Zip Country
34102 USA

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

6. Name and Address of Current Registered Agent

**MITCHELL, TRAVIS L
15004 SAVANNAH DR.
NAPLES, FL 34119**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
C/O LUTZ & KNUDSON, PA

201 EIGHTH STREET SOUTH SUITE # 302

City Zip Code
NAPLES FL 34102

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DPST**
STREET ADDRESS **MITCHELL, TRAVIS L**
CITY-ST-ZIP **15004 SAVANNAH DR.
NAPLES, FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **127 PHEASANT RIDGE**
CITY-ST-ZIP **THOMASVILLE, GA 31792**

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

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

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 **Travis L Mitchell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-30-07
Date