


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90209 048 ***150.00

DOCUMENT # P02000005804
 1. Entity Name
 T & T CUSTOM CRAFTS, INC.



Principal Place of Business Mailing Address
 6084 MORSE AVENUE JACKSONVILLE, FL 32244
 6084 MORSE AVENUE JACKSONVILLE, FL 32244

J4U7J4UJ



2. Principal Place of Business 3. Mailing Address
 6084 morse ave 6084 morse ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01232004 Chg-P CR2E034 (10/03)

City & State Jacksonville, FL 32244 City & State Jacksonville FL
 Zip 32244 Country Duval Zip 32244 Country Duval
 4. FEI Number 01-0577458 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARKLAND, TIMOTHY P
 6084B MORSE AVE.
 JACKSONVILLE, FL 32244

7. Name and Address of New Registered Agent
 Name MARKLAND, Timothy P
 Street Address (P.O. Box Number is Not Acceptable) 6084 B morse ave
 City JACKSONVILLE FL Zip Code 32244

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 *Timothy P. Markland* DATE 4/29/04
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
 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 PS NAME MARKLAND, TIMOTHY P STREET ADDRESS 6084B MORSE AVE. CITY-ST-ZIP JACKSONVILLE, FL 32244	<input checked="" type="checkbox"/> Delete	TITLE PS NAME MARKLAND Timothy P JR STREET ADDRESS 6084B morse ave CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME MARKLAND, TIMOTHY P JR. STREET ADDRESS 2375 FOUNTAIN RD. CITY-ST-ZIP DELTONA, FL 32738	<input checked="" type="checkbox"/> Delete	TITLE D NAME OLMEDO, JONAH STREET ADDRESS 6814 ROJO CT CITY-ST-ZIP JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME OLMEDO, JONAH STREET ADDRESS 6814 ROJO CT. CITY-ST-ZIP JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C NAME SULLIVAN, ROBERT JR STREET ADDRESS 9205 TARAGONAWAY CITY-ST-ZIP JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Timothy P. Markland* DATE 4/29/04 904 891 6733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #