

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: 6084 MORSE AVENUE, JACKSONVILLE, FL 32244
 Mailing Address: 6084 MORSE AVENUE, JACKSONVILLE, FL 32244

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2. Principal Place of Business: 6084 morse ave
 3. Mailing Address: 6084 morse ave.

01232004 Chg-P CR2E034 (10/03)

City & State: Jacksonville, FL 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

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: C NAME: SULLIVAN, ROBERT JR STREET ADDRESS: 9205 TARAGONAWAY CITY-ST-ZIP: JACKSONVILLE, FL 32221	<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: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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 DAYTIME PHONE #: 904 891 6733