


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90259 036 ***150.00

DOCUMENT # P02000005804

1. Entity Name
T & T CUSTOM CRAFTS, INC.



Principal Place of Business
**6804 MORSE AVE.
 JACKSONVILLE, FL 32244**

Mailing Address
**6804 MORSE AVE.
 JACKSONVILLE, FL 32244**

20001265



2. Principal Place of Business
6084 morse Ave
 Suite, Apt. #, etc.

3. Mailing Address
6084 morse Ave
 Suite, Apt. #, etc.

01102006 Chg-P CR2E034 (11/05)

City & State
Jacksonville FL

City & State
Jacksonville, FL

Zip Country
32244 Duval

Zip Country
32244 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
 6804 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 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** **Timothy P. Markland** **President** **11/2/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating) DATE

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 | PS | <input type="checkbox"/> Delete |
| NAME | MARKLAND, TIMOTHY P JR | |
| STREET ADDRESS | 6804 MORSE AVE. | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32244 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OLMEDO, JONAH | |
| STREET ADDRESS | 6814 ROJO CT. | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | OLMEDO, JONAH | |
| STREET ADDRESS | 6814 ROJO CT. | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Timothy P. Markland** **Timothy P. Markland** **President** **11/2/06** **904-891-6733**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #