


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 re-electing) 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 #