

**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.



**20001265**

Principal Place of Business: 6804 MORSE AVE. JACKSONVILLE, FL 32244  
 Mailing Address: 6804 MORSE AVE. JACKSONVILLE, FL 32244



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

01102006 Chg-P CR2E034 (11/05)

City & State: Jacksonville FL  
 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  
 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  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)  
 Timothy P. Markland President 11/2/06  
 DATE

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  
 Signature and typed or printed name of signing officer or director  
 Timothy P. Markland President 11/2/06 904-891-6733  
 Date Daytime Phone #