


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000010013 1. Entity Name T GROUP INVESTMENTS, INC.	
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Principal Place of Business C/O CHET ROSS 911 NORTH BLVD. WEST LEESBURG, FL 34748	Mailing Address C/O CHET ROSS 911 NORTH BLVD. WEST LEESBURG, FL 34748
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DO NOT WRITE IN THIS SPACE



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0037394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, CHET
911 NORTH BLVD. WEST
LEESBURG, FL 34748

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

U00000520455
05/02/06-80094-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KEENAN, MARK 500 PICKFORD POINT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COSTELLO, PETER K. 1755 COCOPLUM CT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HEMGESBERG, TONY 1880 ARLINGTON CT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Keenan **MARK A. KEENAN**

Date *4/12/06* Daytime Phone #