## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000030582

Entity Name: T&L SERVICES, INC.

FILED Jan 31, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4815 EXECUTIVE PARK CT., 105 4815 EXECUTIVE PARK CT. JACKSONVILLE, FL 32216

SUITE 105

JACKSONVILLE, FL 32216

**Current Mailing Address:** New Mailing Address:

4815 EXECUTIVE PARK CT., 105 4815 EXECUTIVE PARK CT. JACKSONVILLE, FL 32216 SUITE 105

JACKSONVILLE, FL 32216

FEI Number: 02-0569556 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

JOHNSON, TONYA 4815 EXECUTIVE PARK CT., 105 JACKSONVILLE, FL 32216

JOHNSON, TONYA 4815 EXECUTIVE PARK CT. SUITE 105 JACKSONVILLE, FL 32216 US

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.

SIGNATURE: PATRICIA RAHN 01/31/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

LOWE, CHARLES J LOWE, CHARLES J Name: Name: 4815 EXECUTIVE PARK CT., 105 4815 EXECUTIVE PARK CT., SUITE 105 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

Title: (X) Change ( ) Addition Title: () Delete Name: Name: TITUS, CHARLES MARK

TITUS, CHARLES MARK 4815 EXECUTIVE PARK CT., 105 4815 EXECUTIVE PARK CT., SUITE 105 Address: Address:

JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition JOHNSON, TONYA JOHNSON, TONYA Name: Name:

4815 EXECUTIVE PARK CT., 105 4815 EXECUTIVE PARK CT., SUITE 105 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA RAHN HR 01/31/2006