

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000131380

1. Entity Name
T-SQUARE ENTERPRISES, INC.



FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90053 044 ***150.00

Principal Place of Business

9310 36 AVE EAST
PALMETTO, FL 34221

Mailing Address

9310 36 AVE EAST
PALMETTO, FL 34221



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3091751

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, DAVID N
4920 JIM DAVIS ROAD
PARRISH, FL 34219

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEONARD, DAVID N
STREET ADDRESS	4920 JIM DAVIS ROAD
CITY-ST-ZIP	PARRISH, FL 34219
TITLE	D
NAME	LEONARD, JON D
STREET ADDRESS	9310 36 AVE EAST
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D
NAME	Angela C. Leonard
STREET ADDRESS	9310 36 Ave. E.
CITY-ST-ZIP	Palmetto, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Jon D. Leonard
Jon D. Leonard
Vice President

1/24/07 (941) 722-4758

Date

Daytime Phone #