




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90033 048 \*\*\*150.00

<b>DOCUMENT # P03000026600</b> 1. Entity Name <b>T&amp;T TRAN II, INC.</b>							
Principal Place of Business <b>3580 ALOMA AVE STE 5 WINTER PARK, FL 32792</b>			Mailing Address <b>3580 ALOMA AVE STE 5 WINTER PARK, FL 32792</b>				
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01042005    Chg-P    CR2E034 (10/03)			
City & State		City & State					
Zip      Country		Zip      Country					
4. FEI Number <b>APPLIED FOR 74-3094073</b>		Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				  01042005    Chg-P    CR2E034 (10/03)			
<b>6. Name and Address of Current Registered Agent</b>  <b>TRAN, LUONG M 3580 ALOMA AVE STE 5 WINTER PARK, FL 32792</b>						<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>							
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE    DP NAME    TRAN, DIEU THI STREET ADDRESS    3910 PEACE PIPE DRIVE CITY-ST-ZIP    ORLANDO, FL 32829 <input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME    2202 Mustang Chase Dr. STREET ADDRESS    Westfield, IN 46074 CITY-ST-ZIP		TITLE    DV NAME    TRAN, TUAN MOC STREET ADDRESS    3910 PEACE PIPE DRIVE CITY-ST-ZIP    ORLANDO, FL 32829 <input type="checkbox"/> Delete			
TITLE    S NAME    TRAN, LUONG STREET ADDRESS    8143 MORITZ CT CITY-ST-ZIP    ORLANDO, FL 32825 <input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME    2202 Mustang Chase Dr. STREET ADDRESS    Westfield, IN 46074 CITY-ST-ZIP					
TITLE    T NAME    TRINH, THIEN STREET ADDRESS    815 ORIENTA AVENUE #2 CITY-ST-ZIP    ALTAMONTE SPRINGS, FL 327015600 <input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME    2202 Mustang Chase Dr. STREET ADDRESS    Westfield, IN 46074 CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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 exemption stated in Section 119.07(3)(i), 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 another like empowered.							
<b>SIGNATURE:</b> _____ <b>1/4/05 407-478-8726</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>							