2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000094973

1. Entity Name

T & M ENTERPRISES OF PALM BEACH, INC.



Principal Place of Business

Mailing Address

829 MADDOCK ST WEST PALM BEACH, FL 33405 829 MADDOCK ST

WEST PALM BEACH, FL 33405

FILED Mar 16, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

02182007 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0111347

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

JONES, THOMAS
829 MADDOCK ST
WESTY PALM BEACH, FL 33405

IN THIS SPACE

. 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.

10.

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

OFFICERS AND DIRECTORS

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITI F NAME JONES, THOMAS STREET ADDRESS 829 MADDOCK ST CITY-ST-ZIP WEST PALM BEACH, FL 33405 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

U00000669585 03/27/07-80077-016 158.75

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:

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #