## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000151952

Entity Name: T.T.A. INC.

FILED Jan 13, 2005 Secretary of State

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

81 MARKET STREET APALACHICOLA, FL 32320

Current Mailing Address: New Mailing Address:

180 24TH AVENUE 312 EARL KING STREET APALACHICOLA, FL 32320 APALACHICOLA, FL 32320

FEI Number: 04-3780813 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

TICE, ANGELA M

180 24TH AVENUE

APALACHICOLA, FL 32320 US

MCCLAIN, ANGELA M

312 EARL KING STREET

APALACHICOLA, FL 32320 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: ANGELA M. MCCLAIN 01/13/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: TOWE, TERRY L TOWE, TERRY L

 Name:
 TOWE, TERRY L
 Name:
 TOWE, TERRY L

 Address:
 81 MARKET STREET
 Address:
 180 24TH AVENUE

 City-St-Zip:
 APALACHICOLA, FL 32320
 City-St-Zip:
 APALACHICOLA, FL 32320

Title: D ( ) Delete Title: D (X) Change ( ) Addition
Name: MCCLAIN. TRACY M
Name: MCCLAIN. TRACY M

 Name:
 MCCLAIN, TRACY M
 Name:
 MCCLAIN, TRACY M

 Address:
 81 MARKET STREET
 Address:
 312 EARL KING STREET

 City-St-Zip:
 APALACHICOLA, FL 32320
 City-St-Zip:
 APALACHICOLA, FL 32320

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

 Name:
 TICE, ANGELA M
 Name:
 MCCLAIN, ANGELA M

 Address:
 81 MARKET STREET
 Address:
 312 EARL KING STREET

 City-St-Zip:
 APALACHICOLA, FL 32320
 City-St-Zip:
 APALACHICOLA, FL 32320

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGELA M. MCCLAIN STD 01/13/2005