

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90036 008 \*\*\*150.00

**DOCUMENT # P04000059659**

1. Entity Name  
T.J.T.C. INVESTMENTS, INC.



Principal Place of Business  
2535 TETON STONE RUN  
ORLANDO, FL 32828

Mailing Address  
2535 TETON STONE RUN  
ORLANDO, FL 32828

2. Principal Place of Business  
PO BOX 180425  
Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 180425  
Suite, Apt. #, etc.

City & State  
CASSELBERRY, FL  
Zip 32718 Country

City & State  
CASSELBERRY, FL  
Zip 32718 Country

02152006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1000687  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

COLD, KATHLEEN H  
ONE INDEPENDENT DR., STE. 2301  
JACKSONVILLE, FL 32202

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	BURD, TERRY H	
STREET ADDRESS	2535 TETON STONE RUN	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	CADENA, TERESA	
STREET ADDRESS	2535 TETON STONE RUN	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURD, JESSE	
STREET ADDRESS	2535 TETON STONE RUN	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURD, CAROLINE	
STREET ADDRESS	2535 TETON STONE RUN	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	PO BOX 180425
CITY-ST-ZIP	CASSELBERRY, FL 32718
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	PO BOX 180425
CITY-ST-ZIP	CASSELBERRY, FL 32718
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	PO BOX 180425
CITY-ST-ZIP	CASSELBERRY, FL 32718
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	PO BOX 180425
CITY-ST-ZIP	CASSELBERRY, FL 32718
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	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #