

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90029 041 ***158.75

DOCUMENT # P04000099949

1. Entity Name
T & P GENERAL SERVICES INC.



Principal Place of Business
**3425 WINIFRED ROW LN #403
NAPLES, FL 34116**

Mailing Address
**3425 WINIFRED ROW LN #403
NAPLES, FL 34116**

2. Principal Place of Business
4998 32th AVE SW

3. Mailing Address
4998 32th AVE SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34116

Country
USA

Zip
34116

Country
USA

01042006 Chg-P CR2E034 (11/05)

4. FEI Number
02-0726439

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MELLO, AYRTON T
3425 WINIFRED ROW LN #403
NAPLES, FL 34116**

7. Name and Address of New Registered Agent

Name **ALEJANDRO CRUZ-OVALLE**

Street Address (P.O. Box Number is Not Acceptable)
4998 32th AVE SW

City **NAPLES** FL Zip Code **34116**

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 reconstituting)

1/4/06

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** ☒ Delete
NAME **MELLO, AYRTON T**
STREET ADDRESS **3425 WINIFRED ROW LN #403**
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE **VP** ☐ Delete
NAME **CRUZ-OVALLE, ALEJANDRO**
STREET ADDRESS **2575-54TH ST. SW**
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **CRUZ-OVALLE, ALEJANDRO**
STREET ADDRESS **4998 32th AVE SW**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

1/4/06 **239-601-6422**
Date Daytime Phone #