


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000131857**  
 1. Entity Name  
**T&G BROWNDRESS INC.**



Principal Place of Business <b>751 HIGHLAND STREET LONGWOOD FL 32750 US</b>	Mailing Address <b>751 HIGHLAND STREET LONGWOOD FL 32750 US</b>
--	--



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

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

**NICHOL, TIMOTHY J  
 751 HIGHLAND STREET  
 LONGWOOD FL 32750**

4. FEI Number **61-1476175** Applied For  Not Applied

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

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE P	<input type="checkbox"/> Delete
NAME NICHOL, TIMOTHY J	
STREET ADDRESS 751 HIGHLAND STREET	
CITY-ST-ZIP LONGWOOD FL 32750	
TITLE VP	<input type="checkbox"/> Delete
NAME SMITH, GREGORY C	
STREET ADDRESS 751 HIGHLAND STREET	
CITY-ST-ZIP LONGWOOD FL 32750	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000561180  
 05/19/06-80004-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Timothy J Nichol*