

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P04000159007

1. Entity Name  
T & A SHOP & SAVE, INC.



Principal Place of Business  
1106 N JOHN YOUNG PKWY  
KISSIMMEE, FL 34741

Mailing Address  
1106 N JOHN YOUNG PKWY  
KISSIMMEE, FL 34741

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**



07132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1915842

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ADAM, ROSALIE  
4548 BARRISTER DR  
CLERMONT, FL 34711

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAM, ROSALIE 4548 BARRISTER DR CLERMONT, FL 34711
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000000572094  
07/25/06-80016-004 150.00

**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 an other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSALIE ADAM 7/20/2006 (407)870-8111

Date

Daytime Phone #