

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000048775

1. Entity Name
T & J GONZALEZ PROPERTIES MANAGEMENT, INC.



Principal Place of Business
**4113 RICHMERE ST.
TAMPA, FL 33617**

Mailing Address
**4113 RICHMERE ST.
TAMPA, FL 33617**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2680475

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, REYNALDO A II
4113 RICHMERE ST.
TAMPA, FL 33617**

**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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ, REYNALDO A
STREET ADDRESS 4113 RICHMERE ST.
CITY-ST-ZIP TAMPA, FL 33617

TITLE ST
NAME GONZALEZ, REYNALDO A II
STREET ADDRESS 4113 RICHMERE ST.
CITY-ST-ZIP TAMPA, FL 33617

TITLE V
NAME SHAWK, CARMEN E
STREET ADDRESS 4113 RICHMERE ST.
CITY-ST-ZIP TAMPA, FL 33617

TITLE V
NAME CABRERA, MICHAEL J
STREET ADDRESS 4113 RICHMERE ST.
CITY-ST-ZIP TAMPA, FL 33617

TITLE V
NAME CHRONIS, BARBARA L
STREET ADDRESS 4113 RICHMERE ST.
CITY-ST-ZIP TAMPA, FL 33617

TITLE V
NAME GADOMSKI, LIZZETTE E
STREET ADDRESS 4113 RICHMERE ST.
CITY-ST-ZIP TAMPA, FL 33617

UD00000674737
03/29/07-80082-012 150.00

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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 all other like empowered.

SIGNATURE: *Reynaldo A. Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-07