

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

06-16-2006 90102 013 \*\*\*150.00

DOCUMENT # P05000098727

1. Entity Name  
T & A ARTWORKS, INC.



Principal Place of Business  
2821 WEST AVE.  
PANAMA CITY BEACH, FL 32408

Mailing Address  
2821 WEST AVE.  
PANAMA CITY BEACH, FL 32408

30033783



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06062006

Chg-P

CR2E034 (11/05)

4. FEI Number

68-0610045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ALICIA L  
2821 WEST AVE.  
PANAMA CITY BEACH, FL., FL 32408

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

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: President  
NAME: Tray Pierce  
STREET ADDRESS: 2821 West Ave. PCB, FL 32408  
CITY-ST-ZIP: 2821 West Ave. PCB, FL 32408

☐ Delete

TITLE: P/V; T/S  
NAME: Alicia Pierce  
STREET ADDRESS: 2821 West Ave. PCB, FL 32408  
CITY-ST-ZIP: 2821 West Ave. PCB, FL 32408

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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STREET ADDRESS:   
CITY-ST-ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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CITY-ST-ZIP:

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TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change

☐ Addition

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:

Alicia L. Pierce

Date

Lifetime Phone #

6-13-06 850-8532-065