


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90179 043 \*\*\*150.00

<b>DOCUMENT # P06000130982</b>					
<b>1. Entity Name</b> <b>T &amp; G CARPORTS &amp; SHEDS CORP.</b>					
<b>Principal Place of Business</b> 6101 HASTINGS COVE LN. PLANT CITY, FL 33565 US			<b>Mailing Address</b> 6101 HASTINGS COVE LN. PLANT CITY, FL 33565 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1509 Bowman Ave		<b>3. Mailing Address</b> 1509 Bowman Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Plant City FL		<b>City &amp; State</b> Plant City, FL		<b>4. FEI Number</b> 06-1795780	
<b>Zip</b> 33563		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GRIFFIN, CLARK JR. 6101 HASTINGS COVE LN. PLANT CITY, FL 33565			<b>7. Name and Address of New Registered Agent</b> Name: Clark Griffin Sr. Street Address (P.O. Box Number is Not Acceptable): 440 S. Mulrennan Rd. City: Valrico FL Zip Code: 33594		
<b>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.</b> SIGNATURE: <i>Clark Griffin Sr.</i> DATE: Apr 16-07					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P/D <b>NAME</b> GRIFFIN JR., CLARK <b>STREET ADDRESS</b> 6101 HASTINGS COVE LN. <b>CITY-ST-ZIP</b> PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P/D <b>NAME</b> Griffin, Clark <b>STREET ADDRESS</b> 440 S. Mulrennan Rd <b>CITY-ST-ZIP</b> Valrico, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP/D <b>NAME</b> TYSON, JAMES <b>STREET ADDRESS</b> 4501 KEENE RD. <b>CITY-ST-ZIP</b> PLANT CITY, FL 33565	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T/D <b>NAME</b> GRIFFIN, CLARK <b>STREET ADDRESS</b> 440 S. MULRENNAN RD. <b>CITY-ST-ZIP</b> VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T/D <b>NAME</b> Griffin, Jr. Clark <b>STREET ADDRESS</b> 6101 Hastings Cove Ln. <b>CITY-ST-ZIP</b> Plant City FL 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> GRIFFIN, M. SUNDI <b>STREET ADDRESS</b> 6101 HASTINGS COVE LN. <b>CITY-ST-ZIP</b> PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Clark Griffin Sr.</i>			Apr 16-07 813-754-4400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		