

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90024 014 \*\*\*150.00

**DOCUMENT # P07000015935**

1. Entity Name

T & G AUTO REPAIR OF HAVANA, INC.



Principal Place of Business

216 TOBACCO ROAD  
HAVANA FL 32333  
US

Mailing Address

216 TOBACCO ROAD  
HAVANA FL 32333  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

979 Fl. Ga. Hwy.

Suite, Apt. #, etc.

979 Fl. Ga. Hwy.

City & State

Havana, Fl.

City & State

Havana, Fl.

Zip

32333

Country

USA

Zip

32333

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-8393533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LYNN, TOMMY E SR  
216 TOBACCO ROAD  
HAVANA FL 32333

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 Tommy E. Lynn, Sr.

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when re-registering)

Tommy E. Lynn, Sr.

2-11-08

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LYNN, TOMMY E SR	
STREET ADDRESS	216 TOBACCO ROAD	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LYNN, WILLIAM G	
STREET ADDRESS	837 E CHERRY STREET	
CITY-ST-ZIP	PERRY FL 32347	
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	P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tommy E. Lynn, Sr.	
STREET ADDRESS	979 Tobacco Road	
CITY-ST-ZIP	Havana, Fl. 32333	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Tommy E. Lynn, Sr. Tommy E. Lynn, Sr. 2-11-08 M-F 8-6

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #