## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000054283

Entity Name: T. L. & G., INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4530 NW 14TH ST LAUDERHILL, FL 33313					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4530 NW 14TH ST LAUDERHILL, FL 33313					
FEI Number:	20-8983102	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
JOSEPH K. NOFIL, P.A. 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 US					
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.					
SIGNATURE:					
Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS: A			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () YEARGIN, ALBE 4530 NW 14TH LAUDERHILL, F	ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () JACKSON, MAR 4530 NW 14TH LAUDERHILL, F	ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () JACKSON, TOM 4530 NW 14TH LAUDERHILL, F	ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () MORGAN, LIND 4530 NW 14TH LAUDERHILL, F	ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () JACKSON, ALBI 4530 NW 14TH LAUDERHILL, F	ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () JACKSON, WILI 4530 NW 14TH LAUDERHILL, F	ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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					

SIGNATURE: ALBERTA YEARGIN PD Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

04/30/2009

Date