

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2008 8:00 am**  
**Secretary of State**

08-04-2008 90031 048 \*\*\*158.75

|  |  |  |  |
|--|--|--|--|
| <b>DOCUMENT # P07000061020</b><br>1. Entity Name<br><b>T &amp; N RESTAURANTS, INC</b>  |  |   |  |
| Principal Place of Business<br><b>1619 SE. 3RD COURT<br/>DEERFIELD BEACH, FL 33441 US</b>  |  | Mailing Address<br><b>1619 SE. 3RD COURT<br/>DEERFIELD BEACH, FL 33441 US</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>3650 Inverrary Dr</b><br>Suite, Apt. #, etc.<br><b>2F</b>   |  | 3. Mailing Address<br><b>3650 Inverrary Dr.</b><br>Suite, Apt. #, etc.<br><b>2F</b>  |  |
| City & State<br><b>Lauderhill, Florida</b><br>Zip<br><b>33319</b>  |  | City & State<br><b>Lauderhill, Florida</b><br>Zip<br><b>33319</b>  |  |
| Country<br><b>BROWARD</b>  |  | Country<br><b>BROWARD</b>  |  |
| 4. FEI Number<br><b>26-0230015</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  | 09032008 Chg-P CR2E034 (12/06)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SHEETS, TIM<br/>1619 SE. 3RD COURT<br/>DEERFIELD BEACH, FL 33441</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>Thomas A. Bennett</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3650 Inverrary Drive</b><br><b>2F</b><br>City <b>Lauderhill</b> <b>FL</b> Zip Code <b>33319</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.<br>SIGNATURE <b>Thomas A. Bennett</b> DATE <b>Sept 3, 2008</b><br><small>(NOTE: Registered Agent signature required when re-registering)</small>   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                   |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>P, S<br/>SHEETS, TIM<br/>1619 SE. 3RD COURT<br/>DEERFIELD BEACH, FL 33441</b>   | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>President<br/>Thomas A. Bennett<br/>3650 Inverrary Dr 2F<br/>Lauderhill FL 33319</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>VP, T<br/>SHEETS, NANCY<br/>1619 SE. 3RD COURT<br/>DEERFIELD BEACH, FL 33441</b>  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Thomas A. Bennett</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | President <b>954 708 5978</b><br><small>Date Daytime Phone #</small>   |  |