

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # P33496

1. Entity Name
T & M TILT-UP, INC.



Principal Place of Business

396 CARL-BETHLEHEM RD
BETHLEHEM, GA 30620 US

Mailing Address

PO BOX 339
BETHLEHEM, GA 30620

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number

58-1638273

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANSON, DANA R.
6328 NW 173RD TERRACE
HIALEAH, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELOACH, W. MICHAEL 475 TUCKER RD WINDER, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DELOACH, MARILYN A. 4931 BENTLEY ROAD, NW MONROE, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DELOACH, JANET C. 475 TUCKER RD WINDER, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000048402
02/12/04-80079-005 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *W. Michael DeLoach, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04 770-867-4768

Date

Daytime Phone #