2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33496

Title:

Name:

Address:

City-St-Zip:

FILED Mar 24, 2009 Secretary of State

Entity Name: T & M TILT-UP, INC. **Current Principal Place of Business: New Principal Place of Business:** 396 CARL-BETHLEHEM RD BETHLEHEM, GA 30620 **Current Mailing Address: New Mailing Address:** PO BOX 339 BETHLEHEM, GA 30620 FEI Number: 58-1638273 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: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition DELOACH, W. MICHAEL, DELOACH, W. MICHAEL SR. Name: Name: 475 TUCKER RD. 475 TUCKER RD Address: Address: WINDER, GA 30680 City-St-Zip: WINDER, GA City-St-Zip: Title: Title: () Delete (X) Change () Addition SORROW, RICHARD L Name: DELOACH, MARILYN A. Name: 4931 BENTLEY ROAD, NW 902 LAKESHORE DR. Address: Address: MONROE, GA JEFFERSON, GA 30549 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition DELOACH, JANET C., DELOACH, CORTNEY L Name: Name: 475 TUCKER RD 2007 PRESERVE CRK. WAY Address: Address: City-St-Zip: WINDER, GA City-St-Zip: LOGANVILLE, GA 30052

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DEANNA D. SORROW S 03/24/2009

() Delete

() Change (X) Addition

SORROW, DEANNA D

902 LAKESHORE DR.

JEFFERSON, GA 30549