


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 8:00 am
Secretary of State

04-24-2008 90102 020 ***150.00

| | |
|--|---|
| DOCUMENT # P94000051644 1. Entity Name TT & TH CORPORATION |  |
|--|---|

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|---|---|
| Principal Place of Business TONG'S GARDEN 1458 KENNEDY DR. KEY WEST, FL 33040 | Mailing Address TONG'S GARDEN 1458 KENNEDY DR. KEY WEST, FL 33040 |
|---|---|

66011394



DO NOT WRITE IN THIS SPACE

04052008 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 65-0506864 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---|

6. Name and Address of Current Registered Agent

| |
|---|
| TONG, HOK YAT 1458 KENNEDY DR. KEY WEST, FL 33040-4008 |
|---|

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 TONG, HOK YAT 1458 KENNEDY DR. KEY WEST, FL 33040 |
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IN THIS SPACE**

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: X 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/08
Date

Daytime Phone # _____