


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

06-06-2007 90003 044 \*\*\*150.00

**DOCUMENT # P95000024416**

1. Entity Name  
**T-ACCOUNTS, INC.**



Principal Place of Business  
**1488 QUAIL LAKE DRIVE**  
**VENICE, FL 34293 US**

Mailing Address  
**P O BOX 410**  
**VENICE, FL 34284 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**Box 410 Venice**

Suite, Apt. #, etc.  
**1488 Quail Lake Drive**

Suite, Apt. #, etc.

05042007 Chg-P CR2E034 (12/06)

City & State  
**Venice FL**

City & State  
**Venice FL 34284**

4. FEI Number  
**59-3305207**

Applied For  
 Not Applicable

Zip  
**34293**

Country  
**USA**

Zip  
**34284**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCCARRON, PHILIP G**  
**1488 QUAIL LAKE DRIVE**  
**VENICE, FL 34293**

**7. Name and Address of New Registered Agent**

Name  
**Elizabeth M. Carron**

Street Address (P.O. Box Number is Not Acceptable)  
**1/2 1488 Quail Lake Dr**

City  
**Venice FL**

Zip Code  
**34284**

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 *Philip G. Carron*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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	OFCR MCCARRON, PHILIP G 1488 QUAIL LAKE DRIVE VENICE, FL 34293 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ELIZABETH A. MCCARRON } Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Box 4193 } Colrain Mo } 1/2 Box 410 Venice FL 34284
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: *Philip G. Carron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/14/07**

Daytime Phone #: **941 497 7313**

ATTACHMENT... 5/1/07  
40119997  

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# P95000024416  
State of Fla

Unable to process by computer or  
via telephone - Both too busy. Tried  
to fax note but got rejected.

Request abatement of any penalty  
for reasonable cause. Should be  
postmarked on time.

P. McCarran  
941 497 1313

TA Ccounts, Inc  
P95000024416