

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90203 019 \*\*\*550.00

<b>DOCUMENT # P95000031631</b> 1. Entity Name <b>T &amp; L CONSTRUCTION CORPORATION</b>					
Principal Place of Business <b>525 KUMQUAT CT SARASOTA, FL 34236</b>			Mailing Address <b>2033 MAIN ST. STE 310 SARASOTA, FL 34237</b>		
2. Principal Place of Business		3. Mailing Address <b>2480 Fruitville Rd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 8</b>			
City & State		City & State <b>Sarasota FL</b>			
Zip		Country		Zip <b>34237</b>	
Country <b>USA</b>		4. FEI Number <b>65-0581081</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				05052004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>LE BLANC, CARL G 2212 SHADOW LAKES DR. SARASOTA, FL 34240</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LE BLANC, CARL G 5293 ASHLEY PKWY SARASOTA, FL 34241</b> <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Carl G. LeBlanc</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><u>5/15/04</u> <small>Date</small></span> <span><u>941-999-5563</u> <small>Daytime Phone #</small></span> </div>		