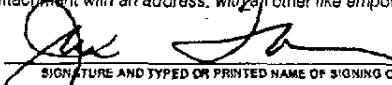


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000070143			
1. Entity Name T & C HOLDING, INC.			
Principal Place of Business 7916 HWY 90 WEST SNEADS, FL 32460	Mailing Address 1610 TENNESSEE AVE LYNN HAVEN, FL 32444 US		
DO NOT WRITE IN THIS SPACE			
		02172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3334235	☐ Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TILLMAN, JEAN F 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444		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, 2006 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	D TILLMAN, JEAN F 1610 TENNESSEE AVE LYNN HAVEN, FL 32444	DO NOT WRITE IN THIS SPACE U00000482401 04/11/06-80073-014 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWEN, BOBBY 2758 INDIAN SPRINGS RD MARIANNA, FL 32446		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		03-20-06	850-265-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #