

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000051780

Entity Name: T & R MINERALS, INC.

FILED
Jul 13, 2009
Secretary of State**Current Principal Place of Business:**298 S. NOVA RD
A
ORMOND BEACH, FL 32174**New Principal Place of Business:****Current Mailing Address:**298 S. NOVA RD
A
ORMOND BEACH, FL 32174**New Mailing Address:**

FEI Number: 59-3455735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HOLLANDER, ROGER
298 S. NOVA RD
A
ORMOND BEACH, FL 32174 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:**Title: PD () Delete
Name: HOLLANDER, ROGER
Address: 298 S. NOVA RD, STE A
City-St-Zip: ORMOND BEACH, FL 32174Title: TREA () Delete
Name: HOLLANDER, TODD
Address: 147 WAVERLY PLACE
City-St-Zip: NEW YORK, NY 10014Title: D (X) Delete
Name: HOLLANDER, ADRIANA A
Address: 506 CHERRYWOOD DRIVE
City-St-Zip: ORMOND BEACH, FL 32174**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROGER HOLLANDER

P

07/13/2009

Electronic Signature of Signing Officer or Director_____
Date