

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000083672

1. Entity Name
T & M TRUCKING, INC.



Principal Place of Business
7910 TEMPLE AVENUE
PANAMA CITY BEACH, FL 32413-9541

Mailing Address
7910 TEMPLE AVENUE
PANAMA CITY BEACH, FL 32413-9541

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90184 035 ***150.00



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3474845

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOYNER, MICHAEL
8310 MUDD LANE
SOUTHPORT, FL 32409

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME JOYNER, MICHAEL
STREET ADDRESS 8310 MUDD LANE
CITY-ST-ZIP SOUTHPORT, FL 32409

TITLE D
NAME JOYNER, TINA
STREET ADDRESS 8310 MUDD LANE
CITY-ST-ZIP SOUTHPORT, FL 32409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Tina M. Joyner / Tina M. Joyner 2-25-05 (850) 277-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #