## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 24, 2008 08:00 AN ate

DOCUMENT # P97000104103  1. Entity Name T & T CONTRACTING INC.				Secretary of Sta			
Principal Plac	ce of Business	Mailing Address	<u> </u>	1	٠		
906 CRENSH Lutz, FL 33	HAW LAKE RD 3548 US	906 CRENSHAW LAKE RD Lutz, FL 33548 US	man in it	·			
DO NOT WRITE IN THIS SPACE			ĈF.	01242008	No Chg-P	CR2E034 (11/05)	
	JUNUI WRITE	IN I III S SPA	UE	4. FEI Number 59-311		Applied For Not Applicab	
14					of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent	and the second	A STATE OF THE PARTY	12 ( 1 ) ( 1	and the second s	
THIESSEN, WESLEY 906 CRENSHAW LAKE RD LUTZ, FL 33548				2 2 2 2 2 2	NOT WI		7. 10. 10.
	named entity submits this statement for the tions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flor	ida. I am familiar with, and accep	rt .
SIGNATURE	Signeture, typed or printed name of registered agent and	title if applicable. (NOTE: Registore	d Agent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees	U00000 05/13/08-	0919131 -80093-015 150.00	
10.	OFFICERS AND DI	RECTORS	THE THE STA				r. 5
TITLE NAME	PD THEISSEN, JOYCE						,
STREET ADDRESS CITY-ST-ZIP	908 CRENSHAW LAKE RD LUTZ, FL 33548						100
TITLE	VPD VPD	· · · · · · · · · · · · · · · · · · ·					
NAME OTREET ADDRESS	THIESSEN, WESLEY						<i>!</i>
STREET ADDRESS CITY-ST-ZIP	906 CRENSHAW LAKE RD LUTZ, FL 33548						7.4
TITLE		· · · · · · · · · · · · · · · · · · ·					4
NAME STREET ADDRESS							15
CITY-ST-ZIP					NOT W		**
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name Street address							
CITY-ST-ZIP			The state of the s				5.
TITLE NAME							2

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

Daytime Phone #