2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000105406

Address:

City-St-Zip:

2811 E INDUSTRIAL PLAZA DR

TALLAHASSEE, FL 32301 US

FILED Apr 05, 2009 Secretary of State

Entity Name: T AND T OF TALLAHASSEE, INC.							
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
	DUSTRIAL PLA SSEE, FL 3230			4708 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303 US			
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
2811 E INDUSTRIAL PLAZA DR TALLAHASSEE, FL 32301 US			4708 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303 US				
FEI Number:	: 59-3491490	FEI Number Applied For ()	FEI Number Not Appl	icable () Certific	cate of Status Desir	ed()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Re	gistered Agent:		
1300 THO	R, CHARLES R MASWOOD DI SSEE, FL 323	RIVE					
	named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered office or	registered agent	, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Ag	ent		Date		
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VPD () NELSON, TERF P O BOX 1367 ⁻ TALLAHASSEE		Title: Name: Address: City-St-Zip:	()Change	() Addition		
Title: Name: Address: City-St-Zip:	STVD () ASBURY, THOM 3424 DORCHE: TALLAHASSEE	STER COURT	Title: Name: Address: City-St-Zip:	()Change	() Addition		
Title: Name: Address: City-St-Zip:	GHAZVINI, HOS	RIAL PLAZA DR	Title: Name: Address: City-St-Zip:	D (X) Change GHAZVINI, HOSSEIN 4708 CAPITAL CIRCLE TALLAHASSEE, FL 323			
Title: Name: Address: City-St-Zip:	GHAZVINI, MEH	RIAL PLAZA DR	Title: Name: Address: City-St-Zip:	D (X) Change GHAZVINI, MEHRAN 4708 CAPITAL CIRCLE TALLAHASSEE, FL 323			
Title: Name:	D () GHAZVINI, BEH	Delete ZAD	Title: Name:	D (X) Change GHAZVINI, BEHZAD	() Addition		

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.

Address:

City-St-Zip:

4708 CAPITAL CIRCLE NW

TALLAHASSEE, FL 32303 US

SIGNATURE: HOSSEIN GHAZVINI D 04/05/2009