

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000028387**

**1. Entity Name**  
**T & T WOODWORKS INC.**



**Principal Place of Business**  
**8577 DOVERBROOK DRIVE**  
**PALM BEACH GARDENS, FL 33410**

**Mailing Address**  
**8577 DOVERBROOK DRIVE**  
**PALM BEACH GARDENS, FL 33410**



02062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0822750**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS ENTERPRISES, INC.**  
**4521 PGA BOULEVARD #211**  
**PALM BEACH GARDENS, FL 33418**

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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, 2007 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**U000000629013**  
**02/16/07-80040-006 150.00**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>RAGONESE, TIMOTHY</b>
<b>STREET ADDRESS</b>	<b>8577 DOVERBROOK DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>PALM BEACH GARDENS, FL 33410</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>TOMER, TIMOTHY</b>
<b>STREET ADDRESS</b>	<b>8577 DOVERBROOK DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>PALM BEACH GARDENS, FL 33410</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:** Timothy Ragonesse Timothy Ragonesse 2/7/07 561-6256505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #