

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053589

FILED  
Jun 28, 2007  
Secretary of State

Entity Name: THREE T'S DETAILING SPECIALIST, INC.

## Current Principal Place of Business:

P O BOX 114  
MINNEOLA, FL 34755

## New Principal Place of Business:

11238 SOUTH PHILLIPS ROAD  
CLERMONT, FL 34711

## Current Mailing Address:

P O BOX 114  
MINNEOLA, FL

## New Mailing Address:

FEI Number: 59-3585063      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BEEBE, ELIZABETH A  
1157 MAGNOLIA ST.  
CLERMONT, FL 34711      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: WILLIAMS, DAVID  
Address: P O BOX 114  
City-St-Zip: MINNEOLA, FL 34755

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES      (X) Change ( ) Addition  
Name: WILLIAMS, DAVID  
Address: PO BOX 114  
City-St-Zip: MINNEOAL, FL 34755

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: DAVID WILLIAMS

PRES

06/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date