

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000065841

1. Entity Name
T & M DESIGN ARCHITECTURE & PLANNING, INC.



Principal Place of Business
4091 BURNS RD
SUITE B-14
PALM BEACH GARDENS, FL 33410

Mailing Address
4091 BURNS RD
SUITE B-14
PALM BEACH GARDENS, FL 33410

FILED
04 JAN 23 AM 10:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA



01082004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0958754

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POTREKUS, JOHN (JACK) A
4091 BURNS ROAD
SUITE B-14
PALM BEACH GARDENS, FL 33410

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 POTREKUS, JOHN A
STREET ADDRESS 4091 BURNS RD., SUITE B 14
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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300027623563
01/27/04--01001--009 ***150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #