2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State
05-06-2008 90029 039 ***150.00

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

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

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2761 VISTA PARKWAY	2761 VISTA PKWY
Suite, Apt. #, etc. E-12	Suite, Apt. #, etc. E-12
City & State WP BEACH FL	City & State WP BEACH FL
Zip 33411 Country USA	Zip 33411 Country USA

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

7. Name and Address of New Registered Agent

Name JOHN (JACK) A POTREKUS
Street Address (P.O. Box Number is Not Acceptable) 2761 VISTA PKWY E-12
City WP BEACH FL Zip Code 33411

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTREKUS, JOHN A 4091 BURNS RD., SUITE B 14 PALM BEACH GARDENS FL 33410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition POTREKUS JOHN A. 2761 VISTA PARKWAY W. PALM BEACH ~~GARDENS~~ FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ______________________ 4-10-08 5612625011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #