

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90071 002 \*\*\*150.00

<b>DOCUMENT # P99000108087</b> 1. Entity Name <b>T&amp;C CANVAS, INC.</b>			
Principal Place of Business <b>14024 PALM BEACH BLVD.</b> <b>FORT MYERS, FL 33905</b>		Mailing Address <b>14024 PALM BEACH BLVD.</b> <b>FORT MYERS, FL 33905</b>	
2. Principal Place of Business - No P.O. Box # <b>4901 Palm Beach Blvd.</b> Suite, Apt. #, etc. <b>Suite 51</b> City & State <b>Ft. Myers, FL</b> Zip <b>33905</b>		3. Mailing Address <b>4901 Palm Beach Blvd.</b> Suite, Apt. #, etc. <b>Suite 51</b> City & State <b>Ft. Myers, FL</b> Zip <b>33905</b>	
6. Name and Address of Current Registered Agent  <b>HILLAN, REBECCA K</b> <b>14024 PALM BEACH BLVD</b> <b>FORT MYERS, FL 33905</b>		7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>1901 Palm Beach Blvd #51</b> City <b>Ft. Myers</b> <b>FL</b> Zip Code <b>33905</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILLAN, DENNIS CARL 5371 MANATEE BAY LN. FORT MYERS, FL 33905	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HILLAN, REBECCA KAY 5371 MANATEE BAY LN. FORT MYERS, FL 33905	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>Rebecca K. Hillan</u> <b>Rebecca K. Hillan</b> <u>4/18/08</u> <u>239/694-3030</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>			