FILED
Apr 08, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S02131

1. Entity Name
T & S ENTERPRISES, INC.

* Principal Place of Business
* 12504 WILES ROAD
CORAL SPRINGS, FL 33076-2214

Mailing Address
12504 WILES ROAD
CORAL SPRINGS, FL 33076-2214

DO NOT WRITE IN THIS SPACE

01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0217587

Applicable / Not Applicable

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

6. Name and Address of Current Registered Agent

HOLMES, TERRY L.
12504 WILES ROAD
POMPANO BEACH, FL 33076

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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 authorized to sign on behalf of, the above named entity, and acknowledge that I am familiar with the obligations of registered agent.

SIGNATURE _____ 4/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	HOLMES, TERRY L.
STREET ADDRESS	12504 WILES ROAD
CITY-ST-ZIP	POMPANO BEACH, FL 33076
TITLE	PD
NAME	KUHN, STEVEN H.
STREET ADDRESS	12504 WILES ROAD
CITY-ST-ZIP	POMPANO BEACH, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ VP 4/6/05 (954)344-4838
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR Date Daytime Phone #