

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S50952

Entity Name: T & A CONCESSIONS INC.

FILED  
May 04, 2009  
Secretary of State

**Current Principal Place of Business:**

10877 S.E. 108TH TER RD  
CANDLER, FL 32111 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 67  
CANDLER, FL 32111

**New Mailing Address:**

FEI Number: 59-3064097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOMBARD, BONITA  
10877 SE 108TH TERR. RD.  
CANDLER, FL 32111 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOMBARD, BONITA  
Address: 10877 SE 108TH TERR. RD.  
City-St-Zip: CANDLER, FL 32111

Title: D ( ) Delete  
Name: LOMBARD, PAUL  
Address: 10877 SE 108TH TERR. RD.  
City-St-Zip: CANDLER, FL 32111

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BONITA LOMBARD

VP

05/04/2009

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

\_\_\_\_\_  
Date