

FROM : CRYSTAL MAG-HUMPHREYS, CPA

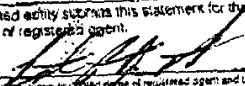
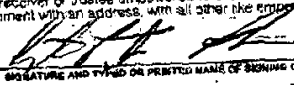
PHONE NO. : 863619625

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90312 001 *****8.75

05-29-2008 90312 002 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S64972		
1. Entity Name T AND T CONSTRUCTION INCORPORATED		
Principal Place of Business 8423 QUAIL HOLLOW BLVD. WESLEY CHAPEL FL 33544 US		Mailing Address 8423 QUAIL HOLLOW BLVD. WESLEY CHAPEL FL 33544 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TSOURAKIS, COSTAS P 8423 QUAIL HOLLOW BLVD ZEPHYRHILLS, FL 33544		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 		DATE 4-30-08
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	TSOURAKIS, COSTA P	
STREET ADDRESS	8423 QUAIL HOLLOW BLVD	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544	
TITLE	S/T	
NAME	TSOURAKIS, SUBAN M	
STREET ADDRESS	8423 QUAIL HOLLOW BLVD	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33544	
TITLE	VP	
NAME	TSOURAKIS, PARTHENI C	
STREET ADDRESS	8423 QUAIL HOLLOW BLVD	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 319, 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 file filers.		
SIGNATURE: 		DATE 4-30-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

66012534

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3072730Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$6.75 Additional
Fee Required****DO NOT WRITE
IN THIS SPACE**