

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000097596

**Entity Name:** T3 SOLUTIONS, INCORPORATED

**Current Principal Place of Business:**

4164 W. COUNTY HWY 30-A  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

4164 W. COUNTY HWY 30-A  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 03-0542967

**Certificate of Status Desired:** Yes

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

THURSTON, SCOTT  
4164 W. COUNTY HWY 30-A  
SANTA ROSA BEACH, FL 32459 US

*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

**Officer/Director Detail :**

Title            CEOD, OWNER  
Name            THURSTON, SCOTT  
Address        4164 W. COUNTY HWY 30-A  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            DIRECTOR, OWNER  
Name            THURSTON, PATRICIA  
Address        4164 W. COUNTY HWY 30-A  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            DIRECTOR, OWNER  
Name            THURSTON , GARY  
Address        4164 W. COUNTY HWY 30-A  
City-State-Zip: SANTA ROSA BEACH FL 32459

*I hereby 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 all other like empowered.*

**SIGNATURE:** GARY THURSTON

**DIRECTOR**

**03/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date