


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # P05000098727 1. Entity Name T & A ARTWORKS, INC.	
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Principal Place of Business 2821 WEST AVE. PANAMA CITY BEACH, FL 32408	Mailing Address 2821 WEST AVE. PANAMA CITY BEACH, FL 32408
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07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0610045	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ALICIA L
2821 WEST AVE.
PANAMA CITY BEACH, FL., FL 32408

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

000000771737
08/08/07-80006-010 558.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERCE, TROY 2821 WEST AVE PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS PIERCE, ALICIA 2821 WEST AVE. PANAMA CITY, FL 32408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: Alicia Pierce 7-30-07 850-532-0665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #