2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State
07-30-2004 90006 019 ***158.75

DOCUMENT # P02000089076

1. Entity Name
TNT AUTO BODY REPAIR, INC.

44050832

07012004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
601 BILL FRANCE BLVD #708 DAYTONA BEACH, FL 32114	601 BILL FRANCE BLVD #708 DAYTONA BEACH, FL 32114

2. Principal Place of Business	3. Mailing Address
948 Bramble Bush Cir. W. Suite, Apt. #, etc.	948 Bramble Bush Cir. W Suite, Apt. #, etc.
City & State: Port Orange FL.	City & State: Port Orange FL.
Zip: 32127 Country:	Zip: 32127 Country: Volusia

4. FEI Number: 20-0001281 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OCASIO, TOM
601 BILL FRANCE BLVD
#708
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name: Tarin Ocasio
Street Address (P.O. Box Number is Not Acceptable)
948 Bramble Bush Circle West
City: Port Orange, FL Zip Code: 32127

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: Tarin Ocasio Tarin Ocasio VTS 7-10-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OCASIO, TOM 601 BILL FRANCE BLVD APT 1505 DAYTONA BEACH, FL 32114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Ocasio, Tom 948 Bramble Bush Circle West Port Orange FL. 32127	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS OCASIO, TARIN 601 BILL FRANCE BLVD APT 708 DAYTONA BEACH, FL 32114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS Ocasio, Tarin 948 Bramble Bush Circle West Port Orange, FL 32127	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS SPILLER, JEANETTE 601 BILL FRANCE BLVD APT 708 DAYTONA BEACH, FL 32114	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS Ocasio, Derek 948 Bramble Bush Circle West Port Orange, FL. 32127	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Tarin Ocasio Tarin S. Ocasio VTS 7-10-04 386-788-7315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #