2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State
06-10-2004 90001 011 ***150.00

DOCUMENT # P03000026284

1. Entity Name
TNT ROOFING, INC.

54057036

Principal Place of Business	Mailing Address
~~9035 SEELEY STREET~~ ~~HUDSON, FL 34669~~	~~9035 SEELEY STREET~~ ~~HUDSON, FL 34669~~

03202003 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
~~24695 Hayman Road~~ Suite, Apt. #, etc.	~~same~~ Suite, Apt. #, etc.
City & State: ~~Brooksville Fl~~	City & State
Zip: ~~34602~~ Country	Zip Country

4. FEI Number ~~38-3674651~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DONICA, HERBERT R~~
~~9035 SEELEY STREET~~
~~HUDSON, FL 34669~~

7. Name and Address of New Registered Agent

Name: Jack Thompson
Street Address (P.O. Box Number is Not Acceptable): 24695 Hayman Road
City: Brooksville FL Zip Code: 34602

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 ______________________________
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: pres NAME: Jack Thompson STREET ADDRESS: 24695 Hayman Road CITY-ST-ZIP: Brooksville, Florida 34602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V P NAME: Duane Thompson STREET ADDRESS: CITY-ST-ZIP: Brooksville, Florida 33523	☐ 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
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: Jack Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #