

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000083319**

1. Entity Name  
**TNT COMPUTER SALES & SERVICE, INC.**



Principal Place of Business      Mailing Address

**1920 BETTY LANE NORTH**      **1920 BETTY LANE NORTH**  
**CLEARWATER, FL 33755**      **CLEARWATER, FL 33755**



01032008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**55-0842313**      Not Applicable

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

6. Name and Address of Current Registered Agent

**RHOADES, ANTHONY**  
**1920 BETTY LANE NORTH**  
**CLEARWATER, FL 33755**

**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 site if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**U00000833345**  
**03/06/08-80003-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RHOADES, ANTHONY
STREET ADDRESS	1929 BETTY LANE NORTH
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	SV
NAME	RHOADES, TERESA
STREET ADDRESS	1929 BETTY LANE NORTH
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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: *Teresa Rhoades*    **TERESA RHOADES**    2-18-08    727-442-7604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #