


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000094986
 1. Entity Name
T-N-T HOME WARRANTY SERVICES, INC.



Principal Place of Business 10447 GREENHAVEN DRIVE JACKSONVILLE, FL 32246	Mailing Address 10447 GREENHAVEN DRIVE JACKSONVILLE, FL 32246
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1272201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PHILLIPS, KATRINA C
 10447 GREENHAVEN DRIVE
 JACKSONVILLE, FL 32246**

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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 \$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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PHILLIPS, KATRINA C 10447 GREENHAVEN DRIVE JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PHILLIPS, THOMAS L 10447 GREENHAVEN DRIVE JACKSONVILLE, FL 32246
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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: *Katrina C. Phillip* **1-5-08 904-645-7946**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #