

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 611157

Entity Name: TNT HIDEAWAY, INC.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

6527 COASTAL HWY.
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

6527 COASTAL HIGHWAY
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 59-1890487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNGSTRAND, JACQUELINE
400 PINE LANE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERT BAKER,
Address: 5090 COASTAL HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: KOONTZ, NEIL
Address: 32 E J STRINGER
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: YOUNGSTRAND, JACQUELINE
Address: 400 PINE LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V () Delete
Name: EVANS, STEPHANIE
Address: 11173 KELLI LOOP
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE YOUNGSTRAND

T

04/22/2008

Electronic Signature of Signing Officer or Director

Date