

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90002 025 ***150.00

DOCUMENT # J28246

1. Entity Name

TNT WHOLESALE DISTRIBUTION, INC.



Principal Place of Business

4832 QUEEN PALM TERRACE
SAINT PETERSBURG FL 33703
US

Mailing Address

4832 QUEEN PALM TERRACE
SAINT PETERSBURG FL 33703
US



2. Principal Place of Business

495 ST. TROPEZ Circle N.E.

3. Mailing Address

495 ST TROPEZ Circle N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

ST Petersburg, FL

City & State

ST Petersburg, FL

4. FEI Number

59-2756336

Applied For

Not Applicable

Zip

33703

Country

USA

Zip

33703

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUVAL, THEODORE J
4832 QUEEN PALM TER NE
SAINT PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name

Duval Theodore J.

Street Address (P.O. Box Number is Not Acceptable)

495 ST. TROPEZ Circle N.E.

City

ST Petersburg

FL

Zip Code

33703

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

Theodore J. Duval

6/10/06

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.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DUVAL, THEODORE J.	
STREET ADDRESS	4832 QUEEN PALM TERRACE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DUVAL, ELINOR J	
STREET ADDRESS	4832 QUEEN PALM TERR NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEODORE J. DUVAL	
STREET ADDRESS	495 ST TROPEZ Circle N.E.	
CITY-ST-ZIP	ST PETERSBURG, FL 33703	
TITLE	ST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELINOR J. DUVAL	
STREET ADDRESS	495 ST. TROPEZ Circle N.E.	
CITY-ST-ZIP	ST PETERSBURG, FL 33703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Theodore J. Duval

THEODORE J. DUVAL

6/10/06

(727) 522-7418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40096033

#J28246

June 9, 2006

To whom it may concern,

I am attaching a check for \$150.00 to cover the charge for filing the 2006 For Profit Corporation Annual Report.

I realize that I am filing late and I am asking you to allow the check for \$150.00 to be accepted. My wife Elinor, 80yars old, is also my secretary and has a serious operation in July of 2005 and spent 105 days in the hospital and convalescent home. She is still in recovery and required full time care.

I ask respectfully that you accept the \$150.00 without penalty to assist us in running this small corporation.

Respectfully,

Theodore J. Duval