

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000008565

Entity Name: TT OF NSB, INC.

FILED
Mar 25, 2008
Secretary of State

Current Principal Place of Business:

1300 NORTH DIXIE HIGHWAY
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

515 N. FLAGLER DR.
SUITE P-400
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0983038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, TERRY
515 N. FLAGLER DR.
SUITE P-400
WEST PALM BEACH, FL 33401 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: PD () Delete
Name: TAYLOR, TERRY
Address: 515 N. FLAGLER DR., STE. P-400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP () Delete
Name: HOLCOMB, JACK
Address: 1300 NORTH DIXIE HIGHWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S () Delete
Name: CERA, NANCY
Address: 515 N. FLAGLER DR., STE. P400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AS () Delete
Name: PROIA, JEANNE
Address: 515 N. FLAGLER DR., STE. P400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: TRE () Change (X) Addition
Name: THORNLEY, MICHAEL
Address: 515 N FLAGLER DR., SUITE P-400
City-St-Zip: WEST PALM BEACH, FL 33401

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: TERRY TAYLOR

PD

03/25/2008

Electronic Signature of Signing Officer or Director

Date