2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90302 009 ***150.00

DOCUMENT # P00000043588

1. Entity Name
TNT COMPUTERS, INC.

Principal Place of Business	Mailing Address
403 LAFAYEETTE STREET PORT ORANGE, FL 32127	555 W GANANA BLVD STE B-5 ORMOND BEACH, FL 32174

03082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
403 LAFAYETTE ST.	1515 RIDGEWOOD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE A
City & State PORT ORANGE, FL	City & State HOLLY HILL, FL
Zip 32127 Country	Zip 32117 Country

4. FEI Number 59-3639712 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOGUIDICE, JOSEPH A 555 W GANANA BLVD STE B-5 ORMOND BEACH, FL 32174	Name LOGUIDICE, JOSEPH A. Street Address (P.O. Box Number is Not Acceptable) 1515 RIDGEWOOD AVE. SUITE A. City HOLLY HILL FL Zip Code 32117

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHISMARK, TODD 403 LAFAYEETTE STREET PORT ORANGE, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHISMARK, TOD A. 403 LAFAYETTE ST. PORT ORANGE, FL. 32127	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: TOD A. CHISMARK MAR. 8, 2004 386-295-6930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #