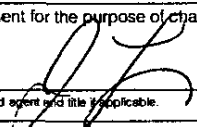
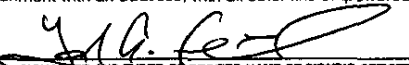


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 403 LAFAYETTE STREET PORT ORANGE, FL 32127			Mailing Address 555 W GANANA BLVD STE B-5 ORMOND BEACH, FL 32174		
2. Principal Place of Business 403 LAFAYETTE ST.		3. Mailing Address 1515 RIDGEWOOD AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. SUITE A			
City & State PORT ORANGE, FL		City & State HOLLY HILL, FL		4. FEI Number 59-3639712	
Zip 32127		Zip 32117		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOGUIDICE, JOSEPH A 555 W GANANA BLVD STE B-5 ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent 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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
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 LAFAYETTE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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					