

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90112 032 \*\*\*150.00

**DOCUMENT # P01000028955**

1. Entity Name  
TNO INC.



Principal Place of Business  
3227 S.W. 42ND PL.  
GAINESVILLE, FL 32608

Mailing Address  
3227 S.W. 42ND PL.  
GAINESVILLE, FL 32608

14017619



05062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3727221

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HABIB, SHERIF  
3227 S.W. 42ND PL.  
GAINESVILLE, FL 32608

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
HABIB, SHERIF  
3227 S.W. 42ND PL.  
GAINESVILLE, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
HABIB, TAREK K  
3227 SW 42ND PLACE  
GAINESVILLE, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #