2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098282

Title:

Name:

Address:

City-St-Zip:

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TOTH, DAVID J

1969 SW GOLD LANE

PORT ST LUCIE, FL 34953

Entity Name: T N T BUILDERS OF FLORIDA ENTERPRISES, INC.

FILED Apr 26, 2005 Secretary of State

Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:			
1969 SW GOLD LANE PORT SAINT LUCIE, FL 34953				5809 NW ZENITH DR PORT SAINT LUCIE, FL 34986			
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:			
1969 SW G PORT SAIN	OLD LANE NT LUCIE, FL	34953		5809 NW ZENITH DR PORT SAINT LUCIE, FL 34986			
FEI Number: 65-1154767 FEI Number Applied For ()		FEI Number Not App	licable ()	Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
GOOGE, H 401 E OSC STUART, F	EOLA STREE	Т	401 E OSC	GOOGE, HOWARD E 401 E OSCEOLA STREET STUART, FL US			
The above in the State		submits this statement for the p	ourpose of changing i	ts registered o	office or registered agent,	or both,	
SIGNATUR	E: HOWARE) E GOOGE		04/26/2005			
	Electron	ic Signature of Registered Age	ent		Date		
Election Cam	paign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () MERRITT, JASO 1969 SW GOLD PORT ST LUCIE	LANE	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	P () TOTH, DANIEL 5175 ORANGE STUART, FL 34	ST	Title: Name: Address: City-St-Zip:	P (X TOTH, DANIEL 4424 SW GAG PORT ST LUC	NON RD		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JASON MERRITT D 04/26/2005

() Change () Addition