

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90492 039 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000006651			
1. Entity Name TNT ENTERPRISES OF DESTIN, INC.			
Principal Place of Business 155 CRYSTAL BEACH DRIVE 215 DESTIN, FL 32541		Mailing Address 155 CRYSTAL BEACH DRIVE 215 DESTIN, FL 32541	
2. Principal Place of Business 4300 Legendary Drive Suite #226 Destin, FL 32541		3. Mailing Address 4300 Legendary Dr. 226 Destin, FL	
City & State Destin, FL 32541		City & State Destin, FL	
Zip 32541		Zip 32541	
Country USA		Country USA	
4. FEI Number 69-0003849		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ARETZ, THOMAS 155 CRYSTAL BEACH DRIVE STE 215 DESTIN, FL 32541	
7. Name and Address of New Registered Agent ARETZ, THOMAS 4300 Legendary Drive Ste. #226 Destin, FL 32541		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: _____			
FILE NUMBER FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		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 10	
NAME P ARETZ, THOMAS 155 CRYSTAL BEACH DRIVE, STE 215 DESTIN, FL 32541	☐ Delete	NAME ARETZ, THOMAS 155 CRYSTAL BEACH DRIVE, STE 215 DESTIN, FL 32541	☐ Change ☐ Addition
NAME ARETZ, THOMAS 155 CRYSTAL BEACH DRIVE, STE 215 DESTIN, FL 32541	☐ Delete	NAME ARETZ, THOMAS 155 CRYSTAL BEACH DRIVE, STE 215 DESTIN, FL 32541	☐ Change ☐ Addition
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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: <u>Michele Billeaud (agent)</u> 4/29/05		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Thomas M. Aretz</u>	