


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000070578</b>	
1. Entity Name <b>TNL ASSOCIATES, INC.</b>	

Principal Place of Business <b>3 CROSSBOW COURT PALM COAST FL 32137</b>	Mailing Address <b>3 CROSSBOW COURT PALM COAST FL 32137</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BRAMAN, THOMAS C 3 CROSSBOW COURT PALM COAST FL 32137</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	<b>BRAMAN, LILLIAN A</b>
STREET ADDRESS	<b>3 CROSSBOW COURT</b>
CITY- ST- ZIP	<b>PALM COAST FL 32137</b>
TITLE	V <input type="checkbox"/> Delete
NAME	<b>BRAMAN, THOMAS C</b>
STREET ADDRESS	<b>3 CROSSBOW COURT</b>
CITY- ST- ZIP	<b>PALM COAST FL 32137</b>
TITLE	S <input type="checkbox"/> Delete
NAME	<b>BRAMAN, THOMAS C</b>
STREET ADDRESS	<b>3 CROSSBOW COURT</b>
CITY- ST- ZIP	<b>PALM COAST FL 32137</b>
TITLE	TREA <input type="checkbox"/> Delete
NAME	<b>BRAMAN, THOMAS C</b>
STREET ADDRESS	<b>3 CROSSBOW COURT</b>
CITY- ST- ZIP	<b>PALM COAST FL 32137</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>U000000906110</b>
STREET ADDRESS	<b>05/02/08-80009-009 150.00</b>
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.	
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SIGNATURE * <i>Lillian A. Braman</i> <b>LILLIAN BRAMAN</b> 4/10/08 386-445-8317	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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