2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 26, 2004 8:00 am Secretary of State 05-03-2004 90388 019 ***150.00

1. Entity Name	MENT # P0300001 STRUCTION OF NORTH			03-03-2004 90388 019 130.00							
Principal Place RR 2, BOX 64 LAKE BUTLER	9 C	Mailing Address RR 2, BOX 649 C LAKE BUTLER, FL 32(054								
	9	DAKE DOTEEN, TE SEC	, ,	T SELVINOU IN OUTER HEN KOM KOM DENN DERN KRI HETU ROOT MEET WEGEN HE LAND							
2. Principal Pla	ace of Business	3. Mailing Address									
Suite, Apt. 1	, etc.	Suite, Apt. #, etc.	-	04292004 Chg-P CR2E034 (10/03)							
City & State		City & State		4. FEI Number 6585089 Applied For Not Applicable							
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required							
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent Name							
GASS, SAI 235 SW 4T LAKE BUT	NDRA L H AVENUE, #2 LER, FL 32054		Street Addre	Street Address (P.O. Box Number is Not Acceptable)							
	·		City	FL Žip Code							
SIGNATURE_	Signature, hosed or printed name of registered ag	ent and life it applicable. (NO	TE: Registered Agent signature re	gured when reinstaking) DATE \$5.00 May Be							
After Ma	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$55	0.00 Trust Fund Cor	ntribution.	Added to Fees							
10. NAME STREET ADORESS CITY-ST-ZIP	OFFICERS AND PREYNOLDS, WILLIAM TR. 2. BOX 649C LAKE BUTLER, FL 32054	ND DIRECTORS Defice	11. TITLE NAME STREET ADDRESS CIFY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
·1. Name Street address City-St-Zip	S REYNOLDS, TANA O RR 2, BOX 649 C LAKE BUTLER, FL 322054	☑ Deteto	ITILE RAME STREET ADDRESS CITY-ST-ZIP	Change Addition See Charlotte rd.							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition							
NAME SIPLET ADDRESS CITY-ST-ZIP	2	□ Delate	NAME SIREEF ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition							
TITLE HAME STREET ADDRESS CHTY+ST+ZIP		Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition							
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Del¢le	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition							
indicated of the cor changed.	t on this report or supplemental report poration or the receiver or trustee en , or on an attachment with an address	rt is true and accurate and that moowered to execute this repo	t my signature shall have rt as required by Chapte	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director r 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if							
SIGNAT	URE:	OR PRINTED NAME OF SIGNING OFF	ER OR DURECTOR	9/30/04 386-476-005 2 Date Day-mo-Prone 4							



2004 FOR PROFIT CORPORATION ANNUAL REPORT

66424331

1. Entity Name TNT CONSTRUCTION OF NORTHEAST FLORIDA, INC.							WW424001							
Principal Place of Business Mailing Address														
RR 2, BOX 649 C Lake Butler, Fl 32054			RR	RR 2, BOX 649 C LAKE BUTLER, FL 32054										
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			04292004	Chg-P	CR2E	34 (10/03)				
City & State			Cit	City & State				4. FEI Number Applied For 82\0.585089 Not Applicable						
Zip						ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name							
GASS: SANDRA LT 235 SW 4TH AVENUE, #2 LAKE BUTLER, FL 32054							2 2 4		er is Not Acceptable		. wit = ###	*		
						City	· - · · · ·		·	FL	Zip Code	-		
2. 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 age	nt and title if a	pplicable. (NOT	E: Ragisters	ed Agent signati	ure required	when reinstating)		DAFE				
FIL After Ma	E NOW!!! I by 1, 2004	FEE IS \$150.00 Fee will be \$550	.00	9. Election Campa Trust Fund Con			\$5. Add	.00 May Be ed to Fees			, ,			
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AN	D DIRECT	ORS	11.			ADDITIONS	CHANGES TO OFF	CERS AND	DIRECTORS	IN 11		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	RR 2, BOX	S, WILLIAM T 649C LER, FL 32054	•	☐ Defete							☐ Change	☐ Addition		
THE HAME STREET ADDRESS CITY-ST-ZIP	S REYNOLDS RR 2, BOX							ian L. Quinn Change Into 58 Charlotte Rd istone heights, FL 32656						
TIFLE				☐ Delete	IIIL	r-st-zip E	<u> </u>			200	→ Change	Addition		
NAME STREET ADDRESS CITY+ST-ZIP:				•		EET ADDRESS /-ST-ZIP						ا		
TITLE NAME				☐ Defete .	TITL	£	;	,	·		☐ Change	☐ Addition		
STREET ADORESS CITY-ST-ZIP						EET ADORESS (-ST-ZIP								
NAME		,		☐ Delete	HAM	1E					☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP		4				EET AODRESS (+ST-ZIP								
TITLE HAME STREET ADDRESS CITY-ST-ZIP		•	=	☐ Delete	CITY	ie Eet adoress (-5t-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 eath; 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: 386-496-0632												-0632		

Alfachment 10042433 P03000014213 . .