2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2007 08:00 AN Secretary of State

ANNUAL REPORT				_	Secretary of St			
DOCUMENT # P03000083319 1. Entity Name TNT COMPUTER SALES & SERVICE, INC.				Secretary or Sta				
1920 BETTY	le of Business LANE NORTH R, FL 33755	Mailing Address 1920 BETTY LANE NORTH CLEARWATER, FL 33755			 		(1101: 11010 (1511 0 6) 1101	
C	OO NOT WRITE	IN THIS SPA	CE	01032007 4. FEI Numb		CR2E034	(11/05) Applied For Not Applicable	
	6. Name and Address of Current Re	relatored Agent	1			Fee	Required	
1920 BET CLEARWA 8. The above	S, ANTHONY TY LANE NORTH ATER, FL 33755 named entity submits this statement for the control of registered agent.	ne purpose of changing its register	ed office or regis	IN T	NOT WI	ACE	lliar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agont and	title if applicable (NOTE, Registere	ed Agent signature requ	red when reinstating)		DATE		
'FILE NUMER FEE IS STOUGH		Election Campaign Fina Trust Fund Contribution.		5.00 May Be dded to Fees			,	
10, IIILE NAME SIREET ADDRESS CITY-SI-7/P TITLE NAME SIREET ADDRESS CITY-SI-7/P	OFFICERS AND DI P RHOADES, ANTHONY 1929 BETTY LANE NORTH CLEARWATER, FL 33755 SV RHOADES, TERESA 1929 BETTY LANE NORTH CLEARWATER, FL 33755	RECTORS			U000006: 02/20/07-8i	31223 0038-01	9 150.00	
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP					NOT WI THIS SP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

JEREN KANAGE TERESA KHUADES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-07

727-442-7604

Daytime Phor