


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000133105 1. Entity Name T N T HEATING & COOLING, INC.	
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Principal Place of Business 305 TRAILBLAZER DRIVE LAKE HELEN FL 32744	Mailing Address 305 TRAILBLAZER DRIVE LAKE HELEN FL 32744
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 06-1714143	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GUENOT, THOMAS V
305 TRAILBLAZER DRIVE
LAKE HELEN FL 32744**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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: *Thomas V. Guenot* (NOTE: Registered Agent signature required when terminating) DATE: **3-30-06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** M: Trust Fund Contribution. **Added to Fee**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	GUENOT, THOMAS V
STREET ADDRESS	305 TRAILBLAZER DRIVE
CITY-ST-ZIP	LAKE HELEN FL 32744
TITLE	DVP <input type="checkbox"/> Delete
NAME	MONDAY, DANIEL B
STREET ADDRESS	31 MONROE AVENUE
CITY-ST-ZIP	DEBARY FL 32713
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 2006	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000488704
04/17/05-80018-005 150.00

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.

SIGNATURE: *Thomas V. Guenot* DATE: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR