

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90072 012 \*\*\*150.00

<b>DOCUMENT # P03000147754</b>																																																																																																																																			
<b>1. Entity Name</b> TNT FLOORS, INC.																																																																																																																																			
<b>Principal Place of Business</b> 2901 SW 41ST STREET APT 3605 OCALA, FL 34474			<b>Mailing Address</b> 2901 SW 41ST STREET APT 3605 OCALA, FL 34474																																																																																																																																
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Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																
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<b>4. FEI Number</b> 20-0451962				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																																															
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>																																																																																																																																
GIGLIO, ANTHONY 2901 SW 41ST STREET APT 3605 OCALA, FL 34474			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code																																																																																																																																
<b>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.</b>																																																																																																																																			
SIGNATURE: _____ DATE: 3-12-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P/S</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P/D</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">GIGLIO, ANTHONY</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Giglio Anthony</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2901 SW 41ST STREET APT 3605</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2901 SW 41ST STREET APT 3605</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">OCALA, FL 34474</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">OCALA FLORIDA 34474</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">S/T/D</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">CORINNE Giglio</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2901 SW 41ST STREET APT 3605</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">OCALA FLORIDA 34474</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>						10. 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<b>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.</b>																																																																																																																																			
SIGNATURE: Anthony Giglio    Anthony Giglio    3-12-2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>																																																																																																																																			