

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/25/2005-90002-049-\$150.00-\$150.00

DOCUMENT # P04000046994

1. Entity Name
TNT CITRUS PROPERTIES, INC.



FILED

05 SEP 15 AM 9:48

66027352
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**3026 N. CAVES VALLEY PATH
LECANTO FL 34461**

Mailing Address
**3026 N. CAVES VALLEY PATH
LECANTO FL 34461**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEJ Number
30-0236630

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

2nd MOORE CR2E034 (5/05)

6. Name and Address of Current Registered Agent
**TANNER, R. STEPHEN
3026 N. CAVES VALLEY PATH
LECANTO FL 34461**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE _____

**FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005**
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCEO TANNER, R. STEPHEN 3026 N. CAVES VALLEY PATH LECANTO FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TCFO TANNER, DAVID E 3026 N. CAVES VALLEY PATH LECANTO FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: DAVID E. TANNER 8/19-05 6514378037
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #