2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011461

Entity Name: TNT BUILDING & GROUNDS MAINTENANCE INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TWIG LANE EW, FL 33569		5918 OLD TWIG LANI RIVERVIEW, FL 3357		
Current Mailing Address:			New Mailing Addres	s:	
P.O. BOX BRANDO	(1493 N, FL 33509				
FEI Numbe	r: 20-2208567	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
RIVERVIE	EW TAX & MOR	RTGAGE INC			
	HWY 301 S EW, FL 33569	US			
	e named entity s te of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	JRE:				
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	P ()	Delete	Title:	() Change () Addition	
Name:	JORGENSEN, 1	THERESA A	Name:		
Address:					
	5918 OLD TWK	G LANE	Address:		
City-St-Zip:		G LANE			
Title:	RIVERVIEW, FI	G LANE	Address:	()Change ()Addition	
Title: Name:	RIVERVIEW, FI V () JORGENSEN, 1	G LANE L 33578 Delete FROY A	Address: City-St-Zip: Title: Name:	()Change ()Addition	
Title: Name: Address:	RIVERVIEW, FI V () JORGENSEN, 1 5918 OLD TWI	G LANE L 33578 Delete FROY A G LANE	Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	
Title: Name:	RIVERVIEW, FI V () JORGENSEN, 1 5918 OLD TWI	G LANE L 33578 Delete FROY A G LANE	Address: City-St-Zip: Title: Name:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA A JORGENSEN OWNE 05/01/2009