

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90047 017 \*\*\*150.00

66002020



1st MOORE CR2E034 (10/05)

<b>DOCUMENT # P05000050925</b>			
1. Entity Name <b>T-N-T LANDSCAPING, INC.</b>			
Principal Place of Business <b>2027 NE 156TH STREET STARKE FL 32091 US</b>		Mailing Address <b>2027 NE 156TH STREET STARKE FL 32091 US</b>	
2. Principal Place of Business <b>20414 NE 132nd Ave</b>		3. Mailing Address <b>20414 NE 132nd Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Waldo FL.</b>		City & State <b>Waldo FL.</b>	
Zip <b>32694</b>		Country <b>USA</b>	
4. FEI Number <b>202728460</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PUCKETT, TERRY L 2027 NE 156TH STREET STARKE FL 32091</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUCKETT, TERRY L 2027 NE 156TH STREET STARKE FL 32091 <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	VP PUCKETT, TAMMY Y 2027 NE 156TH STREET STARKE FL 32091 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>James Puckett</i> V.P.		Date: <b>1-18-06</b> 352-494-4231	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>James Puckett</i> V.P.		Date: <b>2/24/06</b> Daytime Phone #	