2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081226

Entity Name: TNT BARBEQUE AND CATERING, INC

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

8 APPALOOSA TRAIL 721 C.R. 305

ORMOND BEACH, FL 32174 SEVILLE, FL 32190

Current Mailing Address: New Mailing Address:

8 APPALOOSA TRAIL 721 C.R. 305

ORMOND BEACH, FL 32174 SEVILLE, FL 32190

FEI Number: 26-1240425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRIVETT, PATRICIA J TRIVETT, PATRICIA J 8 APPALOOSA TRAIL 721 C.R. 305

ORMOND BEACH, FL 32174 US SEVILLE, FL 32190 US

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.

SIGNATURE: 04/08/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: TRIVETT, PATRICIA J Name: TRIVETT, PATRICIA J

 Name:
 TRIVETT, PATRICIA J
 Name:
 TRIVETT, PATRICIA J

 Address:
 8 APPALOOSA TRAIL
 Address:
 721 C.R. 305

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 SEVILLE, FL 32190

 Name:
 TRIVETT, SAMMIE D
 Name:
 TRIVETT, SAMMIE D

 Address:
 8 APPALOOSA TRAIL
 Address:
 721 C.R. 305

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 SEVILLE, FL 32190

Title: S,T () Delete Title: S,T (X) Change () Addition

 Name:
 TRIVETT, PATRICIA J
 Name:
 TRIVETT, PATRICIA J

 Address:
 8 APPALOOSA TRAIL
 Address:
 721 C.R. 305

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 SEVILLE, FL 32190

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: PATRICIA J. TRIVETT PRES 04/08/2009