

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000020649

1. Entity Name
T.N.T. X II, INC.



Principal Place of Business
433 SW 9TH STREET
CAPE CORAL, FL 33991 US

Mailing Address
433 SW 9TH STREET
CAPE CORAL, FL 33991 US



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0472185

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARY, DAVID W
1325-C DEL PRADO BLVD S
CAPE CORAL, FL 33990

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000078098
03/08/04-80014-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
TIPTON-BEATY, DAWN M.
433 SW 9TH STREET
CAPE CORAL, FL 33991

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BEATTY, MATTHEW D
433 SW 9TH STREET
CAPE CORAL, FL 33991

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AVP
CORNEILL, STEVEN L
4877 EAST RIVERSIDE DR
FORT MYERS, FL 33903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
RICHIE, KIMBERLY M
433 SW 9TH STREET
CAPE CORAL, FL 33991

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04

Date

2397721155

Daytime Phone #