## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 31, 2008 8:00 am Secretary of State DOCUMENT # P94000031021 1. Entity Name 03-31-2008 90001 047 \*\*\*150 00 T-N-T RENTAL CORPORATION Principal Place of Business Mailing Address 1449 U.S. 27 NORTH 1200 CAMARO DRIVE SEBRING, FL 33872 SEBRING, FL 33872 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0484146 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TALLEY, EDDIE Street Address (P.O. Box Number is Not Acceptable) 1449 U.S. 27 NORTH SEBRING, FL 33872 City 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 reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 1216 OSCEOLA AVENUE. STREET ADDRESS SEBRING, FL 33870 33872 CITY-ST-ZIP CITY-ST-71P TITLE TITLE Delete ☐ Change Addition NAME TALLEY, LARRY G NAME STREET ADDRESS 1200 CAMARO DR STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33872 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME TALLEY, LINDA NAME STREET ADDRESS 1200 CAMARO DR STREET ADDRESS CITY-ST-7IP SEBRING, FL 33872 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE KRUCKER, JEFFREY C NAME STREET ADDRESS 1218 CAMARO DRIVE STREET ADDRESS SEBRING, FL -33870 33872 CITY-ST-ZIP CITY-ST-7IP ITILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

LINDA TALLEY Secretary 3-28-08 863-382-4490
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