


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90057 028 ***150.00

DOCUMENT # P94000060342			
1. Entity Name T.N. PROP., INC.			
Principal Place of Business 7620 CEDAR WOOD CIRCLE BOCA RATON FL 33434 US		Mailing Address 7620 CEDAR WOOD CIRCLE BOCA RATON FL 33434 US	
2. Principal Place of Business - No P.O. Box # 7620 CEDARWOOD CIR Suite, Apt. #, etc. Bo		3. Mailing Address TN Prop Inc. P.O. Box 357 City & State PALM CITY Zip 34991 Country MARTIN	
City & State BOCA RATON		City & State PALM CITY	
Zip 33434 Country PALM BH.		Zip 34991 Country MARTIN	
6. Name and Address of Current Registered Agent NEPOLA, THOMAS C 7620 CEDARWOOD CIRCLE BOCA RATON FL 33434		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEPOLA, THOMAS C 7620 CEDARWOOD CIRCLE BOCA RATON FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-29-2007 561-504-3533 Daytime Phone