2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000019869

1. Entity Name
TNT IMPORTS, INC.

Principal Place of Business	Mailing Address
30 HOLLYWOOD BLVD FORT WALTON BEACH, FL 32548	30 HOLLYWOOD BLVD FORT WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE

01132004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3306832		Not Applicable

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

6. Name and Address of Current Registered Agent

MOYER, TIMOTHY S
159 RAINBOW DRIVE
FORT WALTON BEACH, FL 32548

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	U000000092933 03/19/04-80029-005 150.00

10.   OFFICERS AND DIRECTORS

TITLE	M
NAME	MOYER, TIMOTHY S
STREET ADDRESS	159 RAINBOW DR.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Tim Moyer_   Tim Moyer   3-1-04   850-244-2088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #