

01/13/2005 14:55 3214530131

E.K.WILL

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90081 039 ***150.00

DOCUMENT # P950000897061. Entity Name
T.M.T., INC.Principal Place of Business
**56 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND, FL 32952**Mailing Address
**56 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND, FL 32952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132005

Chg-P

CR2E034 (10/08)

4. FEI Number
59-3348158Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2625**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fee****10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D HERMAN, MARCUS T
3015 WATER OAK DRIVE
MERRITT ISLAND, FL 32953** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D TOBIN, TOM L
236 VIA HAVARRE
MERRITT ISLAND, FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D TURMAN, ROBERT C
6815 ANECIA AVE
COCOA, FL 32927** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05 321-454-9060

Date

Daytime Phone