

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

04-16-2007 90038 025 ***150.00

DOCUMENT # P96000051790

1. Entity Name
TNT CUSTOM BOAT WORKS, INC.



Principal Place of Business
**3207 INDUSTRIAL 25TH ST
FT PIERCE, FL 34946**

Mailing Address
**3207 INDUSTRIAL 25TH ST
FT PIERCE, FL 34946**



04082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0685066

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~KIEFER, THOMAS E~~
**3207 INDUSTRIAL 25TH ST
FT PIERCE, FL 34946**

Nancy J. KIEFER

**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

Nancy Kiefer
Signature, typed or printed name of registered agent and state applicable

Nancy KIEFER
(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign-Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
KIEFER, THOMAS E
4755 4TH ST
VERO BEACH, FL 32968**

Nancy J. KIEFER

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
KIEFER, THOMAS J
443 WATERS DR
FORT PIERCE, FL 34946**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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 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 of Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS J. KIEFER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/07

(772) 464-5989