

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000012644

1. Entity Name
T.N.T. EXTERIORS, INC.



Principal Place of Business
7545 BLACK JACK CIRCLE
NAVARRE, FL 32566

Mailing Address
7545 BLACK JACK CIRCLE
NAVARRE, FL 32566

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DO NOT WRITE IN THIS SPACE

04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3428176

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

TARBOX, TED H
7545 BLACK JACK CIRCLE
NAVARRE, FL 32566

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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, 2005 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
TS
TARBOX, KATHERINE J
7545 BLACKJACK CIRCLE
NAVARRE, FL 32566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TARBOX, TED H
7545 BLACKJACK CIRCLE
NAVARRE, FL 32566

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-5 850 217-8995
Date Daytime Phone #