

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000012644

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



FILED  
06 MAY 22 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
7545 BLACK JACK CIRCLE  
NAVARRE, FL 32566

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

05102006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-3428176

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE TS ☐ Delete  
NAME TARBOX, KATHERINE J  
STREET ADDRESS 7545 BLACKJACK CIRCLE  
CITY-ST-ZIP NAVARRE, FL 32566

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE M ☐ Change ☒ Addition  
NAME Tarbox, Ted H Jr.  
STREET ADDRESS 9250 Sunset Drive  
CITY-ST-ZIP Navarre, FL 32566

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE: Ted H. Tarbox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 May 06 (850) 217-8995  
Date Daytime Phone #